Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 181481ZO

Printed: 10/14/2013

Master #: 181481

Associated Permits:
181481ZO Zoning

Applicant

Name: MICHAEL BICIO
Address: 2395 S CHIPLEY FARM RD
STATESVILLE, NC 28625
Phone:

Parcel

Parcel Number: 4736551059.000
Address: 2395 CHIPLEY FORD RD S.
STATESVILLE, NC 28625
Subdivision:
Zoning: R20
Township: 1100
Area: 1.52
Lot(s):
Directions to Parcel: HWY 115 , RIGHT S CHIPLEY FORD RD,PROPERTY ON LEFT

Owners

Name: MICHAEL BICIO
Address: 2395 S CHIPLEY FARM RD
STATESVILLE, NC 28625

1705

Contractors

Contractor Type: Building
Name: Owner
Address:

Fees and Receipts:

Number	Description	Amount
FEE-299268-07	Zoning - Permit Application	$75.00
FEE-299269-07	Technology Fee - Planning	$2.25
FEE-299270-07	Environmental Health - In Office Plan Review	$40.00

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
181481
Issue Date: 11/04/2013

Permit Type: EXIST SEPTIC SYSTEM APPROVAL

Parcel Number	Street Address	Jurisdiction
4736551059.000	2395 SOUTH CHIPLEY FORD ROAD	STATESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: BICIO MICHAEL F Address: PO BOX 5145 STATESVILLE, NC 28687 Phone:	Applicant: BICIO, MIKE Address: 2395 S CHIPLEY FORD RD STATESVILLE, NC 28625 Phone: 704-380-1510	Contractor: BICIO, MIKE Address: 2395 S CHIPLEY FORD RD STATESVILLE, NC 28625 Phone: License Type License Number

Project Description

ACCESSORY STRUCTURE - IREDELL

Scope of Work

30 X 40 ACCESSORY BUILDING

Permit Details:

	Amount: Amount: Amount: Amount: Amount: Amount: Amount:

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 11/04/2013

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	31	TOTAL FEES:	$

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
181481
Issue Date: 11/04/2013

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4736551059.000	2395 SOUTH CHIPLEY FORD ROAD, STATESVILLE, NC 28625	STATESVILLE

Owner Information	Applicant Information
Owner: BICIO MICHAEL F	Applicant: BICIO, MIKE
Address: PO BOX 5145 STATESVILLE, NC 28687	Address: 2395 S CHIPLEY FORD RD STATESVILLE, NC 28625
Phone:	Phone: 704-380-1510

Use Requested	Zone Code
30 X 40 ACCESSORY BUILDING	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.520		10.00	10.00	10.00	NOT	X

Remarks:

FEE'S PAID IN BB

Accessory Buildings and Structures Zoning Permit: Shall not be erected in front building line of the principal structure. Shall not be erected within 25 ft of any side street or corner lot. Shall not be erected within 10 ft of any line not a street line or within 10ft of any other building on the same lot. Shall not be erected within the 50ft buffer zone on lake front properties. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: if the lot equals 1 acre or greater, and is double frontage lake lot or the location of the building/structure is 150 feet or greater than from the frontage street right of way line than the structure can be located in front of home. Any accessory building or structure over 1200 sq/ft shall be setback a minimum of fifty (50) feet from any property line.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	30	TOTAL FEES:	$

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
181481
Issue Date: 11/04/2013

Permit Type: EXIST SEPTIC SYSTEM APPROVAL

Parcel Number	Street Address	Jurisdiction
4736551059.000	2395 SOUTH CHIPLEY FORD ROAD	STATESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: BICIO MICHAEL F	Applicant: BICIO, MIKE	Contractor: BICIO, MIKE
Address: PO BOX 5145 STATESVILLE, NC 28687	Address: 2395 S CHIPLEY FORD RD STATESVILLE, NC 28625	Address: 2395 S CHIPLEY FORD RD STATESVILLE, NC 28625
Phone:	Phone: 704-380-1510	Phone: License Type License Number

Project Description

ACCESSORY STRUCTURE - IREDELL

Scope of Work

30 X 40 ACCESSORY BUILDING

Permit Details:

	Amount: Amount: Amount: Amount: Amount: Amount: Amount:

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 11/04/2013

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	31	TOTAL FEES:	$