Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	127568ZO	Subdivision:	
Proposed Use:	Double Wide	Township:	1100 Bethany
Location of Property:	355 JAMES FARM RD Statesville NC 28625		
Parcel #:	4746702920.000	Zoning:	R-20
Lot #:	0 Size: 1.144	Flood Plain:	No Watershed: None
Applicant:	Clayton Homes - Statesville	Owner:	MADELINE R & HAROLD WRIGHT
Address:	2026 Northside Drive Statesville NC 28677	Address:	355 JAMES FARM RD STATESVILLE, NC 286252768
Phone:	704-873-2547	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width:	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Replacing nonconforming singlewide that is grandfathered in. Must be replaced within one year from removal of singlewide. Cannot issue C/O until singlewide is removed from property. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 32 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line

Directions:

21N, right on James Farm, on the left

127568 bb

03-18-2005 181638

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☑	$50.00
Total Fees:		$95.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: _____ Date: 3/18/05

A non-refundable fee of $45.00 is charged on all permit applications.

STEPHANIE WHITLOCK

Printed: 3/18/2005