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 #:	137827ZO	Subdivision:	
Proposed Use:	Single Wide	Township:	1300 Chambersburg
Location of Property:	834 Shiloh Rd. STATESVILLE NC 28677		
Parcel #:	4752616973.000	Zoning:	RA
Lot #:	Size: 1.23	Flood Plain:	No Watershed: None
Applicant:	Melissa Turbyfill	Owner:	VOLKMAR & MARGARITA DIRKSEN
Address:	119 Day Ave	Address:	6650 NE 7TH AVENUE
	WILKSBORO NC 28697		BOCA RATON, FL 334870000
Phone:	336-927-4422	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: 20000	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Replacing mobile home grandfathered in at 25ft setback for front of mobile home as long as it is replaced within the year. 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:

Amity Hill Rd, left Shiloh Rd, property on left

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☑	$100.00
Total Fees:		$145.00

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: _____

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

ALAINA DILLARD Printed: 8/25/2006