115210 09956

CITY OF STATESVILLE
PROPERTY DESCRIPTION FORM
P.O. BOX 1111 301 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No:

Name: Kimberly Johns Address: 105 Rockwood Lane

City: Statesville State: NC Zip: 28677

Phone: 704-872-8331

PIN # 4753-37-6483 Zoning: R-8

Proposed Use Modular Home

Street Address: Kiser Lane

Subdivision/MHP (Name): _____ Lot #: _____ Lot Size: _____

Has Property been recorded? _____ Community Water? _____ Sewer? _____

Provider: _____

Setbacks: Front: 25 Rear: 25 Side: 6

Minimum Lot Size: 8000 Minimum Lot Width: 70

Land Use Permitted in this Zoning District'? YES

Comments: _____

Location: _____

Staff: Elaine Anthony Date: 8/12/03

Signature of Applicant: Robert Hankey

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 #:	115210ZO	Subdivision:	
Proposed Use:	Modular	Township:	0100 Statesville Inside
Location of Property:	121 Kiser Ln. Statesville NC 28677		
Parcel #:	4753-37-6483	Zoning:	R-8
Lot #:	Size:	Flood Plain:	No Watershed: None
Applicant:	Steve Lackey	Owner:	Kimberly Johns
Address:	105 Rockwood Lane Statesville NC 28677	Address:	105 Rockwood lane Statesville, NC 28677
Phone:	704-872-8331	Phone:	704-872-8331
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: 8000	Min. Front Yard: 25 ft	Min. Left Side Yard: 6 ft
Min. Lot Width: 70	Min: Rear Yard: 25 ft	Min: Right Side Yard: 6 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Directions:

Sliasbury road, Right Barkely Road East, left Kiser Ln. corner of Kiser and Keller

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

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: 8/12/03