# City of Statesville Jurisdiction

# Zoning Approval

***for building permit application*** **704-878-3575**

## General Information

| | | | |
|---|---|---|---|
| Job Address | 207 SIGMON RD | Permit Number | 144574ZO |
| Owner | GARRY Y & TERRI D GIBSON | Tax Map | 4753543817.000 |
| Owner Addr. | 201 SIGMON RD | Zoning | R20 |
| | STATESVILLE, NC 286770000 | Flood Hazard Area | |
| Phone No. | 704 880-8205 | Historic District | |
| Contractor | | Architect | |
| Address | | Address | |
| | | | |
| Phone No. | | Phone No. | |

**Type of Application** Single Family

## Utility Source

Electric

Water Iredell Water Corp.

Sewer

## Required Information

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

| | | | | | |
|---|---|---|---|---|---|
| | Lot Dimensions | 2 | Required Parking | **Setbacks** | |
| | Structure Size & | | Landscaping | 35 ft | Front Yard |
| | Location | | Utility Location | 35 ft | Rear Yard |
| | Easements | | TRC Review | 12 ft | Right Yard |
| | Flood Certification | | Other | 12 ft | Left Yard |
| | Driveway Cuts | | | | |

## Department Approval

Planning Department RoP 8/6/07 Public Works N/A

## Comments

1152 SQ FT SINGLE FAMILY HOME

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 Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Michael L. Dazenhart — Applicant Signature

8/6/2007 — Date