City of Statesville Jurisdiction
Zoning Approval

for building permit application 704-878-3575

General Information

Job Address	1233 MT OLIVE RD	Permit Number	1431240
Owner	KAREN NANETTE ANDERSON	Tax Map	475442798.000
Owner Addr.	1218 MOUNT OLIVE RD	Zoning	RA
	STATESVILLE, NC 286250000	Flood Hazard Area	
Phone No.	704-450-1418	Historic District	
Contractor		Architect	
Address		Address	
Phone No.		Phone No.	

Type of Application Single Wide

Utility Source

Electric

Water Iredell Water Corp.

Sewer Septic tank

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 5/29/07 Public Works

Comments

MANUFACTURED HOME SHALL BE SET UP IN ACCORDANCE WITH STANDARDS ESTABLISHED BY THE NORTH CAROLINA DEPARTMENT OF INSURANCE. IN ADDITION, A CONTINUOUS, PERMANENT MASONRY FOUNDATION OR MASONRY CURTAIN WALL CONSTRUCTED IN ACCORDANCE WITH THE STANDARDS OF THE NORTH CAROLINA UNIFORM RESIDENTIAL BUILDING CODE FOR ONE AND TWO FAMILY DWELLINGS, UNPIERCED EXCEPT FOR REQUIRED VENTILATION AND ACCESS, SHALL BE INSTALLED UNDER THE PERIMETER OF THE 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.

Applicant Signature

5/29/07
Date