THE CITY of Statesville NORTH CAROLINA

# City of Statesville Jurisdiction
# ZONING APPROVAL

For building permit application

704-878-3575

**General Information**

| | | | |
|---|---|---|---|
| Job Address | 428 WEST GLEN EAGLES ROAD | Permit Number | 217720 |
| Owner | KECKEISEN GEORGE L JR+NANCY | Tax Map | 4754994494.000 |
| Owner Addr. | 428 GLEN EAGLES WEST | Zoning | R-15 |
| | STATESVILLE NC 28677 | Flood Hazard Area | |
| Phone No. | | Historic District | |
| Contractor | MCHARGUE HOME SOLUTIONS | Architect | |
| Address | 428 GLEN EAGLES WEST | Address | |
| | STATESVILLE NC 28677 | | |
| Phone No. | 704-902-1845 | Phone No. | |

**Type of Application** ADDITION - STATESVILLE

**Utility Source**

Electric
Water
Sewer

Emailed 4/1

**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 | | Required Parking | Setbacks | |
| | Structure Size & | | Landscaping | 30.00 | Front Yard |
| | Location | | Utility Clearance | 30.00 | Rear Yard |
| | Easements | | TRC Review | 10.00 | Right Yard |
| | Flood Certification | | Other | 10.00 | Left Yard |
| | Driveway Cuts | | | | |

**Department Approval**

Planning Department 4/1/16 Public Works

**Comments:** EXTENDING DECK AND ADDING SPA/ENCLOSURE SPA ROOM

PAID Credit Card 4/1

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

04/01/2016
Date