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 #:	156182ZO	Subdivision:	
Proposed Use:	Swimming Pool	Township:	1100 Bethany
Location of Property:	169 Burton Pl. Statesville NC 28625		
Parcel #:	4757708876.000	Zoning:	RA
Lot #:	Size: 54.66	Flood Plain:	No Watershed: None
Applicant:	Anthony and Sylvan Pools Corporation	Owner:	Christopher & Roxanne Hall
Address:	8334-A Arrowridge Blvd	Address:	207 Gaston Ct
	Charlotte NC 28273		Statesville, NC 28625
Phone:	704-525-1100	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:	Min. Front Yard:	Min. Left Side Yard: 10 ft
Min. Lot Width:	Min: Rear Yard: 10 ft	Min: Right Side Yard: 10 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N. C. Building Code requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking.

Directions:

21N from Statesville, R Jane Sowers Rd., L Country Dr., L Baymount, R Baymount Acres, go straight without any turns,is location of property.

FEES

Zoning Permit/Inspection Fee	☑	$55.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$55.00

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: 4-20-09

ALAINA DELARD

A non-refundable fee of $55.00 is charged on all permit applications.

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