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 #:	119656zo	Subdivision:	
Proposed Use:	Accessory Mobile Home	Township:	0800 Olin
Location of Property:	251 Fairmount Rd. Statesville NC 28625		
Parcel #:	4758-57-9716	Zoning:	RA
Lot #:	Size: 7.88	Flood Plain:	No Watershed: None
Applicant:	Edward Gatton	Owner:	Edward Gatton
Address:	253 Fairmount Rd Statesville NC 28625	Address:	253 Fairmount Rd Statesville, NC 28625
Phone:		Phone:	
Property Recorded: Yes	Site Plan Reviewed:	Community Water: Yes	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: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width:	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Only one accessory mobile shall be permitted per lot or parcel. The lot or parcel shall contain sufficient land area for the principal residential structure or home and the accessory mobile home to be considered independent principal dwelling units with both individually meeting the minimum lot size and required setbacks. The mobile home cannot be used as a rental and only relatives including in-laws and son or daughter by legal adoption shall occupy the accessory mobile home. The mobile home will meet the requirements of SR-7. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 32 square foot front porch constructed

Directions:

21N, left on Fairmount, 1/2 mile on left

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.

STEPHANIE WHITLOCK

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