IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
209843
Issue Date: 04/20/2015

FILE COPY

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4762309118.000	163 MOUNTAIN ISLAND DRIVE, STATESVILLE, NC	STATESVILLE

Owner Information	Applicant Information
Owner: BANK OF NC	Applicant: MICHAEL RYAN HOMES INC
Address: 1420 EAST THIRD ST STATESVILLE, NC 28204	Address: 10700 MALLARD CREEK RD #102 CHARLOTTE, NC 28262
Phone:	Phone: 704-504-9000

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.590	35.00	35.00	15.00	15.00	NOT	X

Remarks:

DOUBLE ROAD FRONTAGE SO 35" OFF FRONT &
BACK

PAID
Cash 4/20
Check

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

See Attached

Applicant: _____ Date: _____

Permit Number	36205	TOTAL FEES:	$ 77.25

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 #:	152943ZO	Subdivision:	Northlake
Proposed Use:	Single Family	Township:	1300 Chambersburg
Location of Property:	000 Bethesda Rd. Statesville NC 28677		
Parcel #:	4762309118.000	Zoning:	RA
Lot #:	8 Size: 0.59	Flood Plain:	No Watershed: None
Applicant:	ABMS DEVELOPMENT LLC	Owner:	ABMS DEVELOPMENT LLC
Address:	145 FALMOUTH RD MOORESVILLE NC 28117	Address:	145 FALMOUTH RD MOORESVILLE, NC 28117
Phone:	704.664.7029	Phone:	704.664.7029
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: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

SFD

DEVELOPER PERMIT

Directions:

Hwy 21S, lft on Oswalt Amity, lft on Bethesda, site on rt across from Glasby

FEES

Zoning Permit/Inspection Fee	☑	$55.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$335.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$390.00

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.

PAULA WOODY Printed: 9/30/2008