IREDELL COUNTY

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

APPLICATION NUMBER
204891
Issue Date: 07/25/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4764434985.000	255 FARMWOOD DRIVE, STATESVILLE, NC 28625	STATESVILLE

Owner Information	Applicant Information
Owner: KARSON CALVIN J+SHARON K	Applicant: DAVID MEEHAN
Address: 255 FARMWOOD RD STATESVILLE, NC 28625	Address: 105 GALAX DRIVE STATESVILLE, NC 28677
Phone:	Phone: 704-902-0286

Use Requested	Zone Code
ADDING SHOP TO ATTACHED GARAGE 24X24 SQ FT	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.000	35.00	35.00	15.00	15.00	NOT	AE

Remarks:

$ PAID
Visa
7-25-14
JW

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.

Applicant: See Attached Date: 7.25.14

Permit Number	18004	TOTAL FEES:	$ 77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Rush

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition ✓ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed) ✓ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 3 and stories? 1

If an addition, please describe project: add work shop to Garage

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 576

Does the property have community water? (Yes) No If yes, please list who provides it: Iredell

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Kenneth Keene Phone # 704-380-2052

Owner's Current Address 255 Farmwood dr.

Property Information

Property Address 255 Farmwood dr. Parcel # _____

Subdivision:_____ Lot:___ Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) Bell Farm to Farmwood

Application Information

Applicant's Name or Company David MacGan Applicant's Phone # 704-902-0286

Applicant's Address 105 Gabe dr. Statesville 28677

If Company, Representative's Name and Title_____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT DATE