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 #:	145277ZO	Subdivision:	
Proposed Use:	Single Family	Township:	1300 Chambersburg
Location of Property:	120 WINFIELD PL STATESVILLE NC 28625		
Parcel #:	4764461142.000	Zoning:	R-20
Lot #:	12 Size: 1.425	Flood Plain:	No Watershed:
Applicant:	Joseph L Eldridge II	Owner:	ARD INVESTMENTS INC
Address:	169 Primrose Lane Statesville NC 28625	Address:	2517 HERITAGE CR STATESVILLE, NC 286250000
Phone:	704-878-2531	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:

Directions:

EAST HWY 64, RIGHT BELL FARM RD, 1.5 MILES, RIGHT SKYLAND DR, 200YRDS RIGHT CARTERS FARM DR, 2ND ROAD ON RIGHT WINFIELD PL, AT END

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$400.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$445.00

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.

ALAINA DILLARD

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