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 #:	116491ZO	Subdivision:	
Proposed Use:	Single Wide	Township:	1300 Chambersburg
Location of Property:	165 Dogood Estates Circle Statesville NC 28677		
Parcel #:	4764-67-5319	Zoning:	R20
Lot #:	14 Size:	Flood Plain:	No Watershed: None
Applicant:	Chrystal Kennedy	Owner:	Mckenzie Mobile Home Sales
Address:	834 Shiloh Rd. Statesville NC 28677	Address:	2253 Chambliss Ave Suite Cleveland, TN 37311
Phone:	704-883-9983	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:
Min. Lot Width: Min: Rear Yard: Min: Right Side Yard:
Min. Number Parking Spaces: Max. Built Upon Area:
Comments:

Single wide will replace an existing single which has been removed. The tract of land is a mobile home park called Dogwood Estates. The new single wide must be placed in the exact location of the previous one inorder to be grandfathered to comply with existing Zoning regs. 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 within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line

Directions:

70E, turn onto Bell Farm Rd., R Dogwood Estate Circle, mobile home park, bear to the right, small incline, lot is on the right.

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☑	$50.00
Total Fees:		$95.00

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: Chrystal Kennedy Date: 10-10-03

A non-refundable fee of $45.00 is charged on all permit applications.

ELLIOTTE BLACKWELL

Printed: 10/10/03