IREDELL COUNTY

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

APPLICATION NUMBER
216718
Issue Date: 02/18/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4765817553.000	114 PORTMAN LANE, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: WCU INC+BRUCE A PORTER ETAL	Applicant: WCU INC
Address: 2143 MOCKSVILLE HWY STATESVILLE, NC 28625	Address: PO BOX 64 STEINHATCHEE, FL 32359
Phone:	Phone: 352-672-3132

Use Requested	Zone Code
SFD	R20

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

Remarks:

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: _____ Date: _____

Permit Number	60689	TOTAL FEES:	$ 77.25

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APPLICATION NUMBER
216718
Issue Date: 02/18/2016

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4765817553.000	114 PORTMAN LANE	

Owner Information	Applicant Information	Contractor Information
Owner: WCU INC+BRUCE A PORTER ETAL Address: 2143 MOCKSVILLE HWY STATESVILLE, NC 28625 Phone:	Applicant: WCU INC Address: PO BOX 64 STEINHATCHEE, FL 32359 Phone: 352-672-3132	Contractor: WCU INC Address: PO BOX 64 STEINHATCHEE, FL 32359 Phone: 352-672-3132 License Type: BLDG License Number: 50209

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	500.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 02/18/2016

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	60690	TOTAL FEES:	$ 500.00