DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788 STATESVILLE NC 28687-0788
349 N CENTER ST / BUILDING STANDARDS CENTER
704-878-3113 / FAX 704-878-3171

Residential Zoning Permit Application

What are you building? (Please check) Deck

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)
Deck

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 3 and stories? 2

If an addition, please describe project: 16 x 25 Deck

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 400

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

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

Owner Information

Property Owner's Name Jayson Mitchem Phone # _____

Owner's Current Address 906 Old Mocksville Hwy

Property Information

Property Address 906 old Mocksville Hwy Parcel # _____

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

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company K.A. WATT Const. INC Applicant's Phone # 704 902-4495

Applicant's Address 129 Beckham Rd Statesville N.C.

If Company, Representative's Name and Title Kenneth WATT President

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 9-24-14

IREDELL COUNTY

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

APPLICATION NUMBER
205987
Issue Date: 09/24/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4766197920.000	906 OLD MOCKSVILLE ROAD, STATESVILLE, NC 28625	STATESVILLE

Owner Information	Applicant Information
Owner: MITCHEM RONALD JAYSON+BILLIE	Applicant: KA WATT CONSTRUCTION I
Address: 271 SEVEN SPRINGS LOOP STATESVILLE, NC 28625	Address: 129 BECKHAM RD STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
DECK ADDITION	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.863	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	22514	TOTAL FEES:	$ 77.25