# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 212153 |
| Issue Date: 07/21/2015 |

## ZONING PERMIT

Commercial

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4771342105.000 | 1496 OSTWALT AMITY, CLEVELAND, NC 27013 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: BURGESS, GARY | Applicant: BURGESS, GARY |
| Address: 1496 OSTWALT AMITY ROAD<br>CLEVELAND, NC 27013 | Address: 1496 OSTWALT AMITY ROAD<br>CLEVELAND, NC 27013 |
| Phone: 704-980-4180 | Phone: 704-980-4180 |

| Use Requested | Zone Code |
|---|---|
| GARAGE | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 70.000 | | 10.00 | 10.00 | 25.00 | NO | X |

**Remarks:**

Accessory Buildings and Structures Zoning Permit: Shall not be erected in front building line of the principal structure. Shall not be erected within 25 ft of any side street or corner lot. Shall not be erected within 10 ft of any line not a street line or within 10ft of any other building on the same lot. Shall not be erected within the 50ft buffer zone on lake front properties. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: if the lot equals 1 acre or greater, and is double frontage lake lot or the location of the building/structure is 150 feet or greater than from the frontage street right of way line than the structure can be located in front of home. Any accessory building or structure over 1200 sq/ft shall be setback a minimum of fifty (50) feet from any property line.

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 | 44191 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|