IREDELL COUNTY

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

APPLICATION NUMBER
209094
Issue Date: 03/18/2015

ZONING PERMIT FILE COPY
Open Space

Parcel Number	Street Address	Jurisdiction
4777512752.000	847 COOL SPRING ROAD, STATESVILLE, NC 28625	STATESVILLE

Owner Information	Applicant Information
Owner: WIKE LARRY KNOX+JANICE H	Applicant: ABEE'S CLEARING & GRAD
Address: PO BOX 84585 FAIRBANKS, AK 99708	Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028
Phone:	Phone: 704-239-3693

Use Requested	Zone Code
MODULAR	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.440	35.00	35.00		25.00	NOT	X

Remarks:

86329

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.

See Attached

Applicant: _____ Date: _____

Permit Number	33658	TOTAL FEES:	$ 77.25

IREDELL COUNTY

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

APPLICATION NUMBER
209094
Issue Date: 05/07/2015

Permit Type: AUTHORIZATION CONSTRUCT

Parcel Number	Street Address	Jurisdiction
4777512752.000	847 COOL SPRING ROAD	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: WIKE LARRY KNOX+JANICE H	Applicant: ABEE'S CLEARING & GRAD	Contractor: ABEE'S CLEARING & GRAD
Address: PO BOX 84585 FAIRBANKS, AK 99708	Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028	Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028
Phone:	Phone: 704-239-3693	Phone: 704-239-3693 License Type: UNLI License Number: NOT LICENSED

Project Description

NEW MODULAR HOME - IREDELL

Scope of Work

MODULAR

Permit Details:

	SITE REVISIT FEE	Amount:	100.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

PAID
CK
5-7-15

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: 05/07/2015

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	37657	TOTAL FEES:	$ 100.00