# 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 #: | 152703ZO | Subdivision: | |
| Proposed Use: | Single Wide | Township: | 1200 Cool Springs |
| Location of Property: | 000 Deerchase Cir. Statesville NC 28625 | | |
| Parcel #: | 4777881167.001 | Zoning: | RA |
| Lot #: | Size: | Flood Plain: | No Watershed: None |
| Applicant: | Freedom Homes--Statesville #664 | Owner: | Andrew Cranford |
| Address: | 1270 Northside Drive<br>Statesville NC 28677 | Address: | 417 Deerchase Circle<br>Statesville, NC 28625 |
| Phone: | 704-872-0179 | Phone: | |
| Property Recorded: | Yes Site Plan Reviewed: | Community Water: | Yes 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: 35 ft | Min. Left Side Yard: 15 ft |
| Min. Lot Width: 100 | Min: Rear Yard: 35 ft | Min: Right Side Yard: 15 ft |
| Min. Number Parking Spaces: | | Max. Built Upon Area: |

Comments:

single wide - hold bldg pemit until new deed is recorded to show property separated - perk test only-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:

Old Mocksville Rd north, right White Oaks Branch, left Deerchase Cir, right at fork in the road property on right

**FEES**

| | | |
|---|---|---|
| Zoning Permit/Inspection Fee | ☑ | $55.00 |
| Site Plan Review Fee | ☐ | $0.00 |
| Environmental Health New System | ☑ | $485.00 |
| Environmental Health Existing System | ☐ | $0.00 |
| Total Fees: | | $540.00 |

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: _____ Date: 9-10-08

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

PAULA WOODY

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