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 #:	137900ZO	Subdivision:	Deerpark
Proposed Use:	Single Wide 117	Township:	1200 Cool Springs
Location of Property:	~~000~~ Heaven Bound Ln. Statesville NC 28625		
Parcel #:	4777896394.000	Zoning:	RA
Lot #:	41 Size: 1	Flood Plain:	No Watershed: None
Applicant:	Gerald T Taylor	Owner:	Gerald T Taylor
Address:	495 Elmwood Rd Statesville NC 28625	Address:	495 Elmwood Rd Statesville, NC 28625
Phone:	704-873-1137	Phone:	704-873-1137
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: 20000	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:

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
HOLD BUILDING PERMIT TILL DEED OR PLAT HAS BEEN RECORDED.

Directions:

Old Mocksville Rd, right White Oaks Branch, left Deerchase, left Heaven Bound, property on right

FEES

Zoning Permit/Inspection Fee	✓	$45.00
Site Plan Review Fee		$0.00
Environmental Health New System	✓	$350.00
Environmental Health Existing System		$0.00
Total Fees:		$395.00

08-30-06 P03:26 IN

Cash

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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: _____

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

DEBBIE WILLIAMS

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