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 #:	115318zo	Subdivision:	
Proposed Use:	Accessory Dwelling Unit	Township:	0800 Olin
Location of Property:	000 Eupeptic Spring Rd. Olin NC 28660		
Parcel #:	4831-84-6915 435	Zoning:	RA
Lot #:	Size: 1	Flood Plain:	Watershed: None
Applicant:	William K Seigworth	Owner:	William K Seigworth
Address:	437 Eupeptic Springs Rd. Olin NC 28660	Address:	437 Eupeptic Springs Rd. Olin, NC 28660
Phone:	704-539-4889	Phone:	704-539-4889
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: 40,000	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:

It shall be clearly subordinate to the principal structure. For detached dwelling units and those using separate septic and/or well systems, the minimum lot size shall be 2 times the minimum lot requirement for the district. Shall not be greater than 650 square feet. The accessory unit may be combined with a garage, workshop, etc. Must be owned by the same person who owns the principal dwelling. Shall not be served by separate driveway from that of the principal dwelling. Must be located in the rear or side yard and meet rear and side yard setback requirements of a principal structure. Shall meet the height requirement of the zoning district

Directions:

Jennings Rd,tl Mt Vernon,tr Eupeptic, 1 Mi On Lt

FEES

Zoning Permit/Inspection Fee	☑	Renewal fee - SW	$45.00
Site Plan Review Fee	☐		$0.00
Environmental Health New System	☑		$200.00
Environmental Health Existing System	☐		$0.00
Total Fees:			$245.00

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: William K Seigworth Date: 8-12-04

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

STEPHANIE WHITLOCK Printed: 8/12/2004

Revised - fees pd on Original dated 8/18/03