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 #:	120297zo	Subdivision:	Olin Glen
Proposed Use:	~~Single Family~~ DOUBLE WIDE MH	Township:	0800 Olin
Location of Property:	194 Olin Loop Olin NC 28660		
Parcel #:	4840-90-6627	Zoning:	RA
Lot #:	20 Size: .51	Flood Plain:	No Watershed: None
Applicant:	River Green, LLC	Owner:	River Green, LLC
Address:	P.O. Box 1732 Lincolnton NC 28093	Address:	P.O. Box 1732 Lincolnton, NC 28093
Phone:	704-609-7745	Phone:	704-609-7745
Property Recorded: Yes	Site Plan Reviewed:	Community Water: No	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:	20,000	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:

Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line

Directions:

I-77 North,exit 59, turn RIGHT onto Ramp towards Tomlin Mill Rd 0.3, Turn RIGHT (East) onto SR-1890 [Tomlin Mill Rd], then immediately turn LEFT (North) onto Josey Rd [SR-1886] 1.8, Bear RIGHT (North) onto SR-1891 [Olin Rd]

FEES

Zoning Permit/Inspection Fee	☑	$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:_____ Date: _____

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

ELLIOTTE BLACKWELL

Printed: 4/1/2004