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 #:	123094zo	Subdivision:	
Proposed Use:	Double Wide	Township:	0500 Union Grove
Location of Property:	462 Sloans Mill Rd. Olin NC 28660		
Parcel #:	4851-36-3095	Zoning:	RA
Lot #:	Size: 2.0	Flood Plain:	No Watershed: None
Applicant:	Loretta Devore	Owner:	Wayne & Elene Ailey
Address:	868 Union Grove Rd Union Grove NC 28689	Address:	462 Sloans Mill Rd Olin, NC 28660
Phone:		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:	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Replacing a singlewide with a doublewide on a lot with 2 singlewides (GRANDFATHERED). Will keep the single wide on the property until the DW is set up. DO NOT ISSUE C/O UNTIL SINGLEWIDE IS REMOVED. Must maintain setbacks for both homes - 50 between rear of Doublewide and side of Existing Singlewide.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

Directions:

77N, exit 59, right on Tomlin Mill, left on Josey Rd to end, right on Olin Lp, cross interstate, right on Sloan Mill Rd, property is on corner Cowden Ford

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☑	$50.00
Total Fees:		$95.00

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: Loretta A. DeVore Date: 7-28-04

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

STEPHANIE WHITLOCK

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