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 #:	116271zo	Subdivision: Ireland	
Proposed Use: Single Wide		Township:	
Location of Property: 141 Oakleaf Rd Harmony NC 28634			
Parcel #:	4853-02-3621	Zoning: RA	
Lot #:	23 Size: 1.3 AC	Flood Plain: No	Watershed: WSIII-BOW
Applicant:	Lisa Yarboro	Owner:	H Deanna M Barnes
Address:	139 Oakleaf Rd Harmony NC 28634	Address:	
Phone:	704-539-5281	Phone:	
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: 21780	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, wheels, axles, and transporting lights. If the towing apparatus cannot be removed, it shall be screened from public view; Must have a continuous underpinning made of material generally accepted in the mobile home industry installed under the perimeter, unpierced except for required ventilation and access; Must have 32 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned to completely conceal the area beneath the porch and unit; 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 unless it is

Directions:

901 W Tr Union Grove Rd Tr Oakleaf 1/8 Mi On Lt

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

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