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 #: 152094ZO
Proposed Use: Triple Wide
Location of Property: 000 UNION GROVE RD UNION GROVE NC 28689
Parcel #: 4853465371.000
Lot #: Size:
Applicant: Millard Bobby Knight
Address: 282 Rock Springs Rd.
Harmony NC 28634
Phone: 704-546-7297
Property Recorded: Yes Site Plan Reviewed:

Subdivision:
Township: 0500 Union Grove
Zoning: RA
Flood Plain: No Watershed: WSIII-BOW
Owner: Millard Bobby Knight
Address: 282 Rock Springs Rd.
Harmony, NC 28634
Phone: 704-546-7297
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. Lot Width: 100
Min. Number Parking Spaces:
Min. Front Yard: 35 ft
Min: Rear Yard: 35 ft
Min. Left Side Yard: 15 ft
Min: Right Side Yard: 15 ft
Max. Built Upon Area:

Comments:

TRIPLEWIDE-Minimum size of main body is a 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:

MEMORIAL HWY, RT ON UNION GROVE RD, PROPERTY ON RT PAST MANN RD.

FEES

Zoning Permit/Inspection Fee	☑	$55.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$485.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$540.00

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: Millard Knight Date: 8-13-08

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

PAULA WOODY

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