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 #:	113400zo	Subdivision:	
Proposed Use:	Single Wide	Township:	0600 Eagle Mills
Location of Property:	574 Kennesaw Harmony NC 28634		
Parcel #:	4881-29-6907	Zoning:	RA
Lot #:	Size:	Flood Plain:	No Watershed: WSIII-BOW
Applicant:	Daniel Romero	Owner:	Daniel Romero
Address:	PO Box 295 Harmony NC 28634	Address:	PO Box 295 Harmony, NC 28634
Phone:	704-546-5509	Phone:	704-546-5509
Property Recorded: Yes	Site Plan Reviewed:	Community Water: No	Community Sewer: No

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:

The mobile home shall have the towing apparatus, wheels, axles, and transporting lights removed. If the apparatus cannot be removed it shall be screened from public view. It shall be set up in accordance with the standards established by the North Carolina Department of Insurance. In addition, a continuous under pinning of a material generally accepted in the mobile home industry shall be installed under the perimeter, unpierced except for required ventilation and access. A permanent front porch of at least 32 square feet in area shall be constructed within 12 inches of the floor

Directions:

21 North,right onto Powell Bridge,left onto Kennesaw,on right past White Deer Lane

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:_____ Date: _____

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

EMILY JACKSON Printed: 5/27/03