

STAFF COPY



City of Statesville Jurisdiction  
**ZONING APPROVAL**  
For building permit application

704-878-3575

**General Information**

Job Address	<u>1220 MORLAND DRIVE</u>	Permit Number	<u>236224</u>
Owner	<u>REALTYINCOMECORPORATION</u>	Tax Map	<u>4743789915.000</u>
Owner Addr.	<u>C/O FREEDOM ROAD/CAMPING WORLD 250 PARKWAY DR SUITE 270 LINCOLNSHIRE, IL 60069</u>	Zoning	_____
Phone No.	_____	Flood Hazard Area	_____
Contractor	<u>SYMONDS FLAGS &amp; POLES INC</u>	Historic District	_____
Address	<u>C/O FREEDOM ROAD/CAMPING WORLD 250 PARKWAY DR SUITE 270 LINCOLNSHIRE, IL 60069</u>	Architect	_____
Phone No.	_____	Address	_____
		Phone No.	_____

Type of Application GENERIC BUILDING PERMIT STATES

**Required Information**

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

_____ Lot Dimensions	_____ Required Parking	_____ Setbacks	
_____ Structure Size &	_____ Landscaping	<u>0.00</u>	Front Yard
_____ Location	_____ Utility Clearance	<u>0.00</u>	Rear Yard
_____ Easements	_____ TRC Review	<u>0.00</u>	Right Yard
_____ Flood Certification	_____ Other	<u>0.00</u>	Left Yard
_____ Driveway Cuts			

Department Approval aw 6/5/18 Public Works \_\_\_\_\_

Comments: **FLAG MAX 130 HIGH 25X40 MAX SF. ZONING EXEMPT CREATED AS PLACE HOLDER IN MUNIS FOR COUNTY. SEE ATTACHED FOR SEALED DOCUMENTATION**

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 Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant Signature \_\_\_\_\_

06/05/2018  
Date



# IREDELL COUNTY DEVELOPMENT SERVICES

PO BOX 788 - STATESVILLE NC 28687

349 N CENTER ST / BUILDING STANDARDS CENTER

Central Permitting: 704-878-3113

Commercial Plans: 704-928-2021

Fax 704-878-3171

www.co.iredell.nc.us

Fax: 704-878-3122

## MISCELLANEOUS BUILDING PERMIT APPLICATION

Application / Project #: \_\_\_\_\_ CID/EFT # \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Contact # \_\_\_\_\_

Project Address: 1220 Moreland Dr, Statesville, NC

Parcel Identification #: \_\_\_\_\_

Contractor Name: Symonds Flags + Poles  
Contractor name / Company name MUST be exactly as listed with the license board.

Contractor License #: \_\_\_\_\_ Contact #: 214-596-1900

Email address: bop@symondsflags.us Fax #: 817-590-8019

Contractor Address: 7503 Flagstone, Bldg #30, Fort Worth, TX 76118

Brief Description of Work: Installing a 130' flagpole that will fly a 25'x40' US Flag.

### COMPLETE THE SECTION THAT APPLIES TO THE PROJECT:

#### PIER

AREA UNDER CONSTRUCTION: \_\_\_\_\_

ESTIMATED COST: \_\_\_\_\_

#### SWIMMING POOL

ESTIMATED COST: \_\_\_\_\_

#### RETAINING WALL

# of WALL SEGMENTS: \_\_\_\_\_

ESTIMATED COST: \_\_\_\_\_

#### TANK

# OF TANKS: \_\_\_\_\_

ESTIMATED COST: \_\_\_\_\_

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The inspection department will be notified of any changes in the approved plans and specifications for the project permitted herein. This application becomes a permit only when validated and approved.

SIGNATURE OF CONTRACTOR

A non-refundable application fee of \$77.25 is included in the charges on all permits.