ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

BIDR-2022-10959

PERMIT # AP 325385

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4730 --19 --4173

APPLICANT/OWNER: Ted DeLisi | APPLICANT ADDRESS: 171 E Pattersall Drive Statesville NC 28677

SITE ADDRESS: 145 Freedom Valley Trail Troutman NC | PHONE: 954-234-1072 | ALT. PHONE 704-508-4949

SITE DIRECTIONS: Hwy 21 to Tilly Rd to Lytton Farm 1/2 - 3/4 mile. | SAP CONTROLLED: ☒ YES ☐ NO

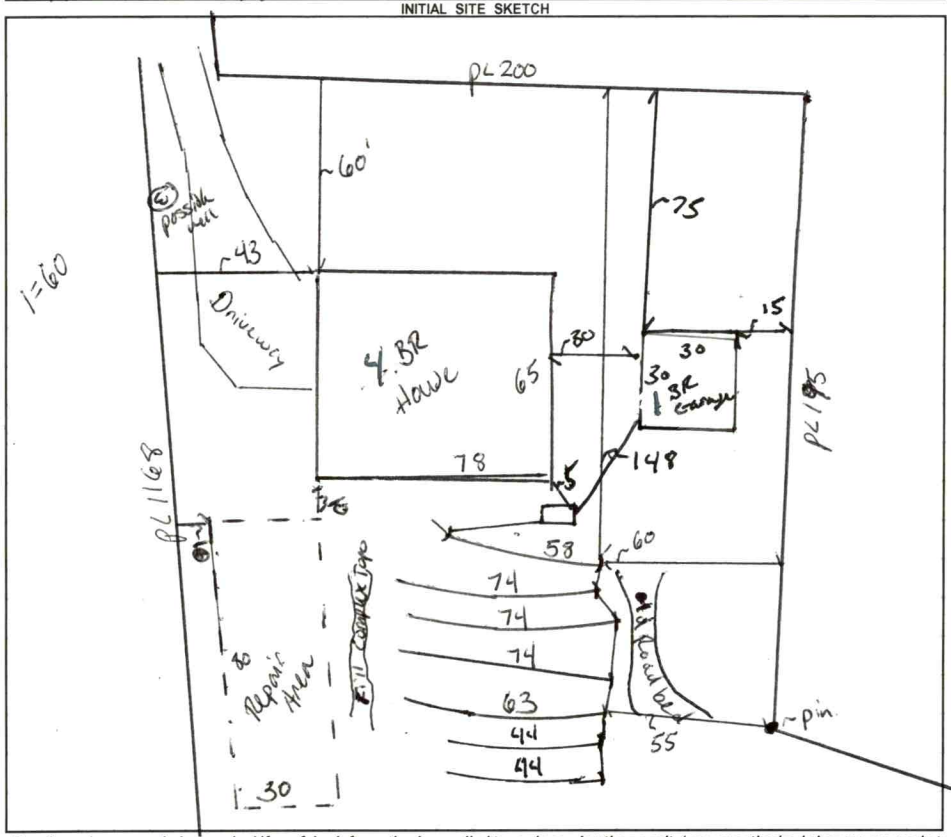
SUBDIVISION: Gadis W. Pepper JR | SECTION: - | LOT # 3 | LOT AREA: 8.269 AC | DESIGN FLOW: 600 | L.T.A.R.: .35

Septic Tank 1500	(gal)	STB 964	Date 10/13/23	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 5	Water Supply
Pump Tank -	(gal)	PT -	Date -	System Description: Gravity - 25% Reduction		☐ Business	No. Persons 10	☒ Private
Pump Make -	Model -		Serial # -	Repair System Description: PPBPS - 50% Reduction.		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 7		Linear Ft 429	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☐ Crawl Space	☐ Community
Trench Width 36 in	Trench Bottom Depth (Low side)		36 in max	Gravel Depth -	☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install Septic Drainlines on the contours of the land and utilize serial distribution. Do not exceed 36 in max depth. Do not Drive, park, pave grade or bury utilities in drainfield area.

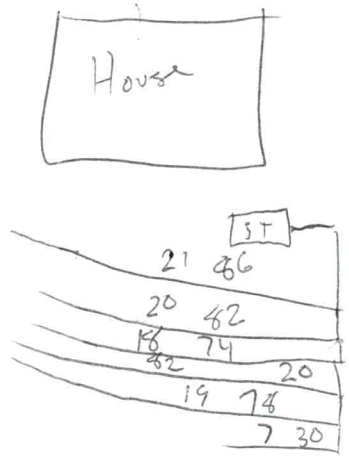
* Floodplain shown but Does not impact Septic Area.
Home to be 4BR w/ 1BR garage - 11/28/22 BB

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☒ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 4-1-22 | Installed by: Lantz Wastewater

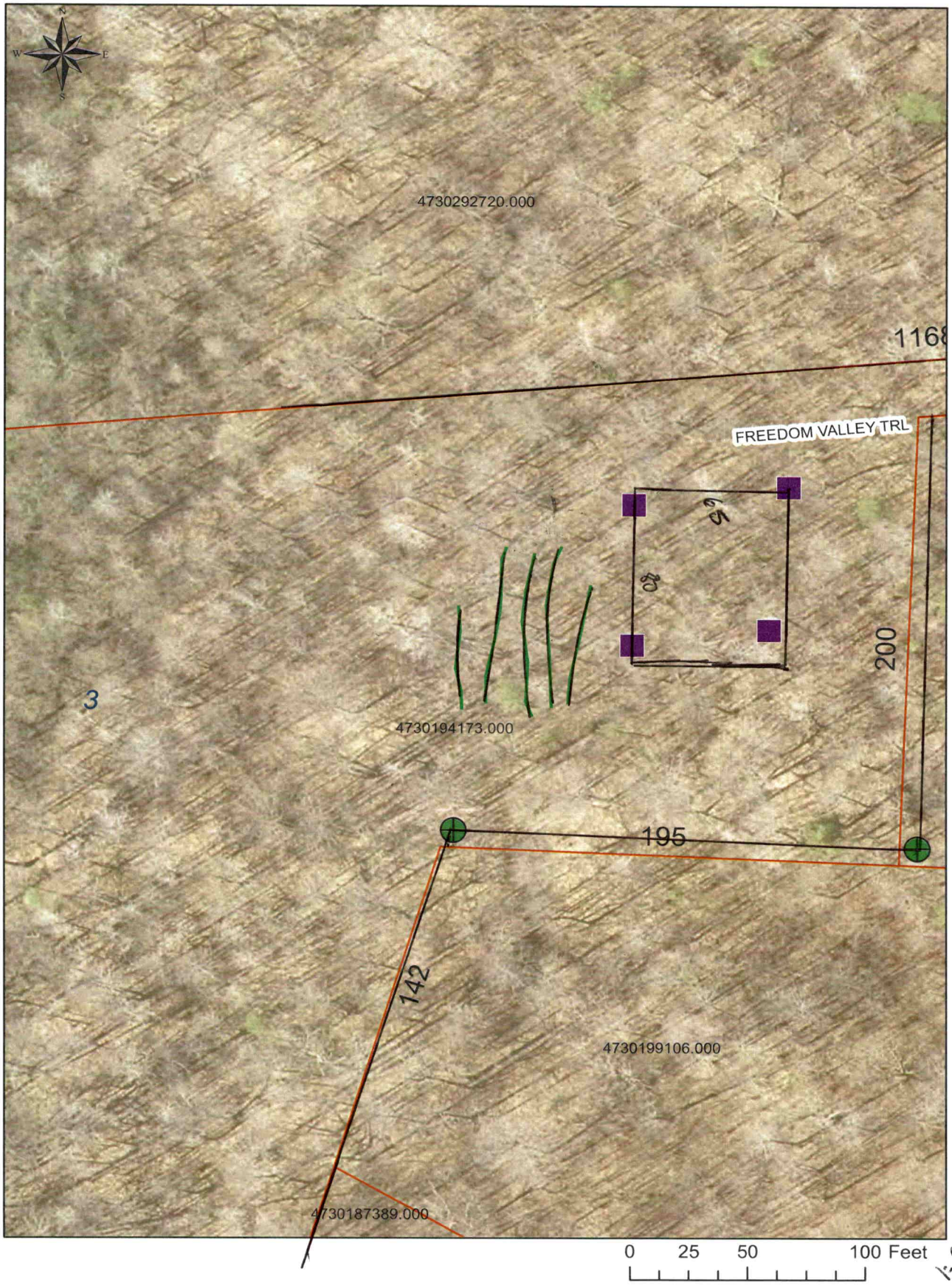
IMPROVEMENT PERMIT by: Benjamin A Bolt Date: 3-10-2022 | OPERATION PERMIT by: [signature] Date: 11/22/23

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolt Date: 11/28/2022 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


N
W
E
S
4730292720.000
1168
FREEDOM VALLEY TRL
55
80
200
3
4730194173.000
195
142
4730199106.000
4730187389.000
0 25 50 100 Feet
1:600

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: E1730194173
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Ted
ADDRESS: 141 Padgett Dr. Statesville NC
PROPOSED FACILITY: 4/BR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 145 Freedom Valley (LOT 3)
APPLICATION DATE 2/16
DATE EVALUATED: 3-8-22
PROPERTY SIZE: 8.269ac
PROPERTY RECORDED: Yes.

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear side FS 15%	0-7	SCL/MABK	GR	Sap inc thru out	48"	—	N/A	PS .35
		7-15	C/MABK	S/PSExp/FR					
		15-48	CL/MABK	SS/SPSExp/FR					
2	Linear side FS 15%	0-17	C/ABK	S/PSExp/FR	PS	40"	—	N/A	PS .35
		17-40	CL/ABK	SS/SPSExp/FR					
		40-60	SL/sap	VSS/VPVFR					
3	Linear side FS 15%	0-21	C/ABK	S/PSExp/FR	PS	48"	N/A	N/A	PS .3
		21-48	CL/ABK	SS/SPSExp/FR					
4	Linear 15% Side FS	0-24	C/ABK	S/PSExp/FR	PS	43"	—	N/A	PS .3
		24-48	CL/ABK	SS/SPSExp/FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	343	267
System Type(s)	III 25% Red	IV 50% Red.
Site LTAR	.35	.30

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Botkins / Holland
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

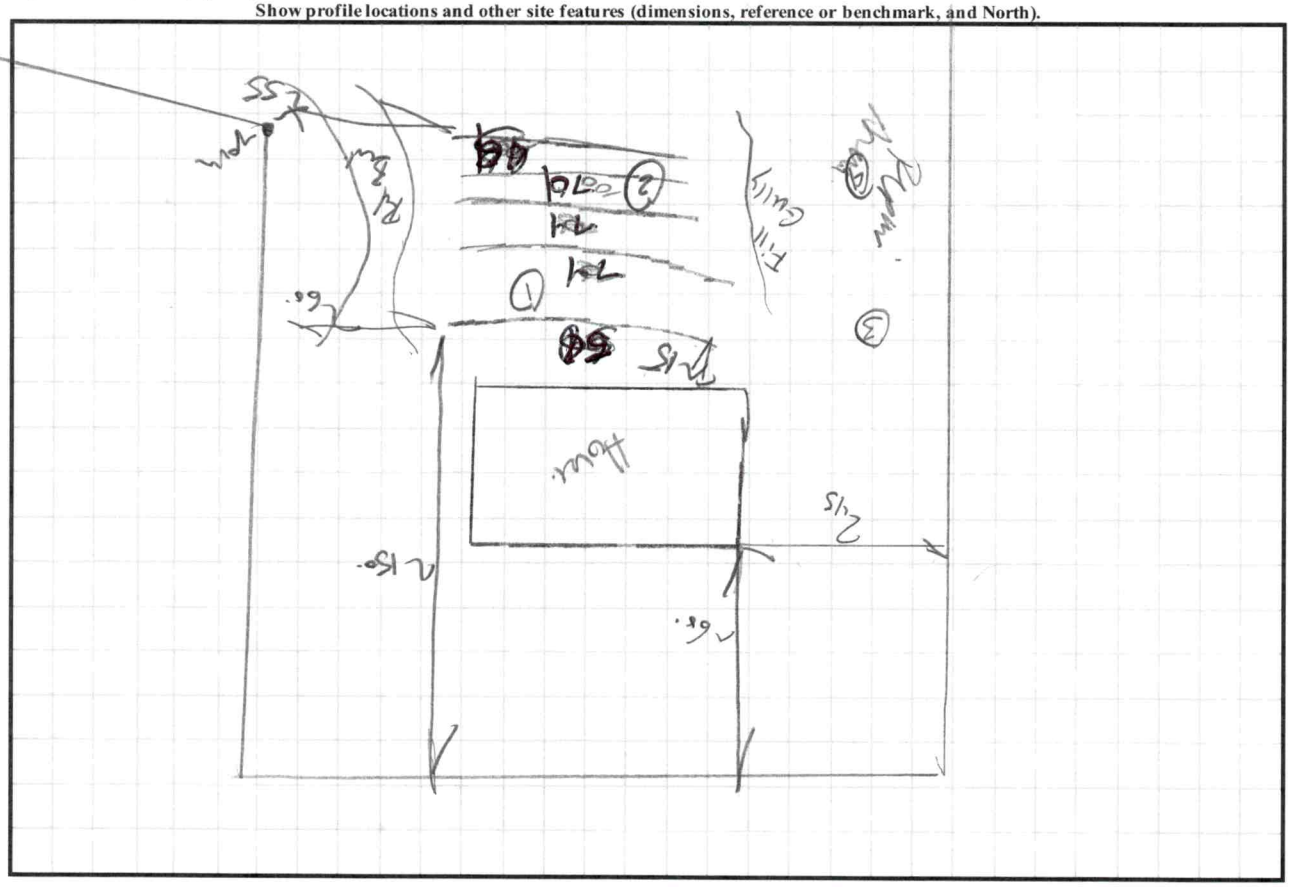
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

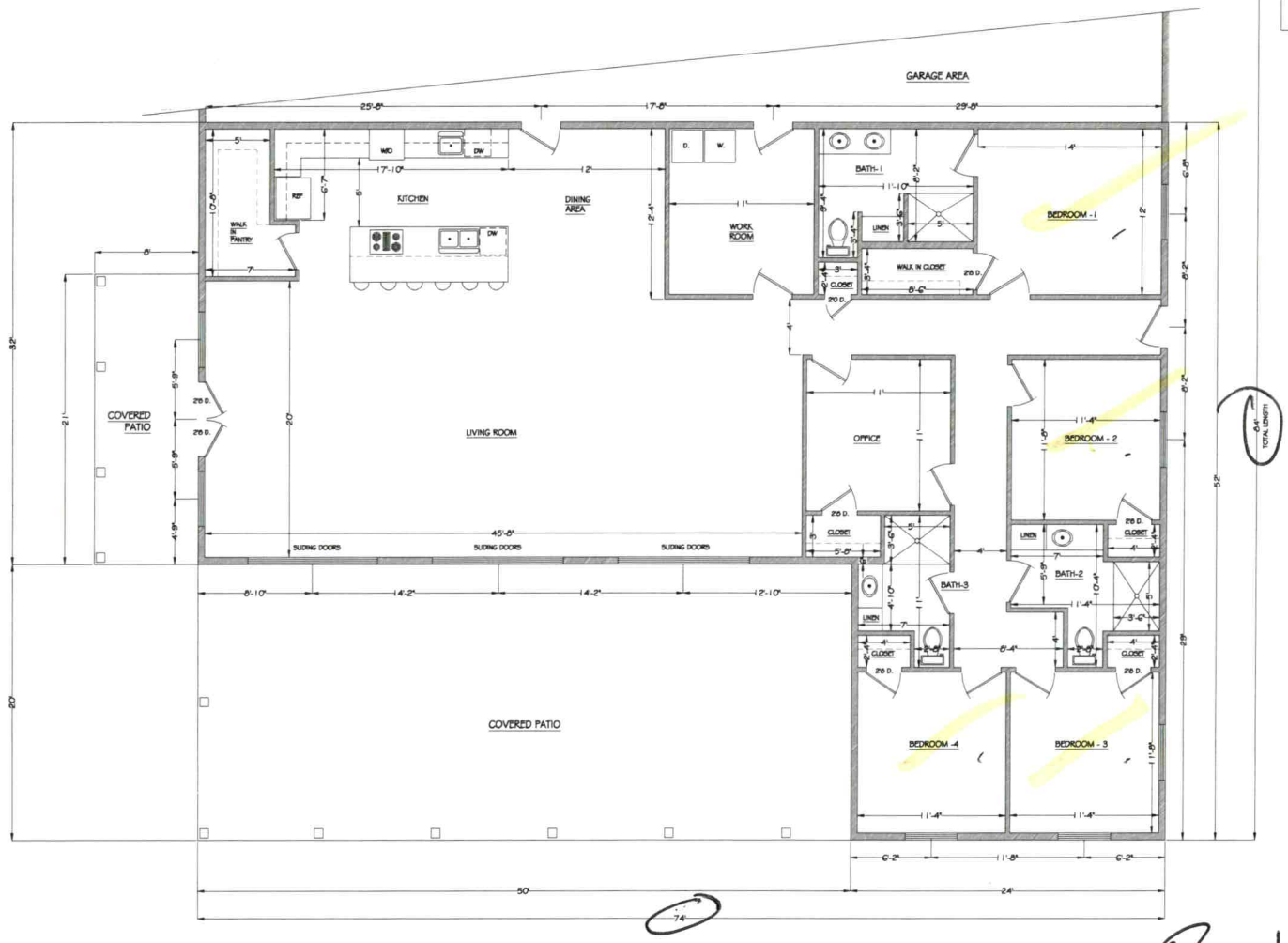
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



IT IS THE INTENT OF THESE DWGS. TO SHOW GENERAL REQUIREMENTS RELATED TO THE CONSTRUCTION OF THIS PROJECT. IT IS NOT THE INTENT TO SHOW EACH & EVERY PIECE OF MATERIAL OR EVERY METHOD REQUIRED FOR SOUND CONSTRUCTION. THE CONTRACTOR SHALL CHECK & VERIFY ALL DIMENSIONS BEFORE STARTING PROJECT. MILLSAPS DRAFTING IS NOT RESPONSIBLE FOR ANY ERRORS OR MISTAKES ONCE CONSTRUCTION HAS BEGAN. IN CASE OF QUESTIONS, PLEASE CONTACT JANET S. MILLSAPS.



2848 SQ. FT. HEATED SPACE - MAIN LEVEL
2368 SQ. FT. GARAGE AREA
INTERIOR WALLS SHOWN @ 4"
EXTERIOR WALLS SHOWN @6" (2X6 STUDS)
BUILDING TO BE ON SLAB
DOORS TO BE 3'0" UNLESS NOTED

11-4-2022

JOB: Delisi House		
SCALE: 1/4"=1'		DRAWN BY: Janet S. Millsaps
DATE: 10/20/2022	REVISED: 11/2/2022	
FLOOR PLAN - MAIN AREA FP-1		DRAWING NO. 1

IT IS THE INTENT OF THESE DWGS. TO SHOW GENERAL REQUIREMENTS RELATED TO THE CONSTRUCTION OF THIS PROJECT. IT IS NOT THE INTENT TO SHOW EACH & EVERY PIECE OF MATERIAL OR EVERY METHOD REQUIRED FOR SOUND CONSTRUCTION. THE CONTRACTOR SHALL CHECK & VERIFY ALL DIMENSIONS BEFORE STARTING PROJECT. MILLSAPS DRAFTING IS NOT RESPONSIBLE FOR ANY ERRORS OR MISTAKES ONCE CONSTRUCTION HAS BEGAN. IN CASE OF QUESTIONS, PLEASE CONTACT JANET S. MILLSAPS.



BAB 11-4-22.

2848 SQ. FT. HEATED SPACE - MAIN LEVEL
2368 SQ. FT. GARAGE AREA
INTERIOR WALLS SHOWN @ 4"
EXTERIOR WALLS SHOWN @ 6" (2X6 STUDS)
BUILDING TO BE ON SLAB
DOORS TO BE 3'0" UNLESS NOTED

JOB: Delisi House		
SCALE: 1/4"=1'		DRAWN BY: Janet S. Millsaps
DATE: 10/20/2022	REVISED: 11/2/2022	
FLOOR PLAN - GARAGE AREA FP-1		DRAWING NO. 2

RECEIVED FEB 1 6 2022

LOT 3 (BACK)

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-325385 $500.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: TED DELISI Address: 171 E MITTERSALL DRIVE STATESVILLE Zip: 28677
Applicant Email: tdelisi@SIGwin.com Phone: 9542341072 Alt. Phone: 7045084949
Owner Name: SAME AS ABOVE Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 145 FREEDOM VALLEY TRAIL TROUTMAN NC
Subdivision Name: _____ Section/Phase: _____ Lot Number: 4730 19413
Driving Directions: _____

Site Development Information: *(check or complete ALL that apply* (4 BR)

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 2 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

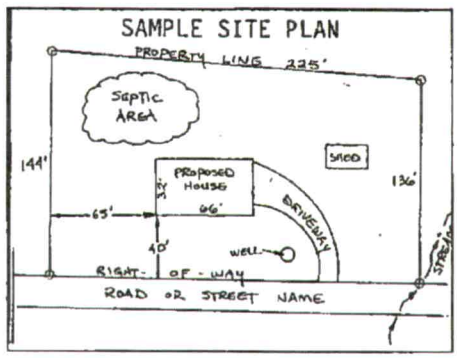
Signature: _____ 1-28-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

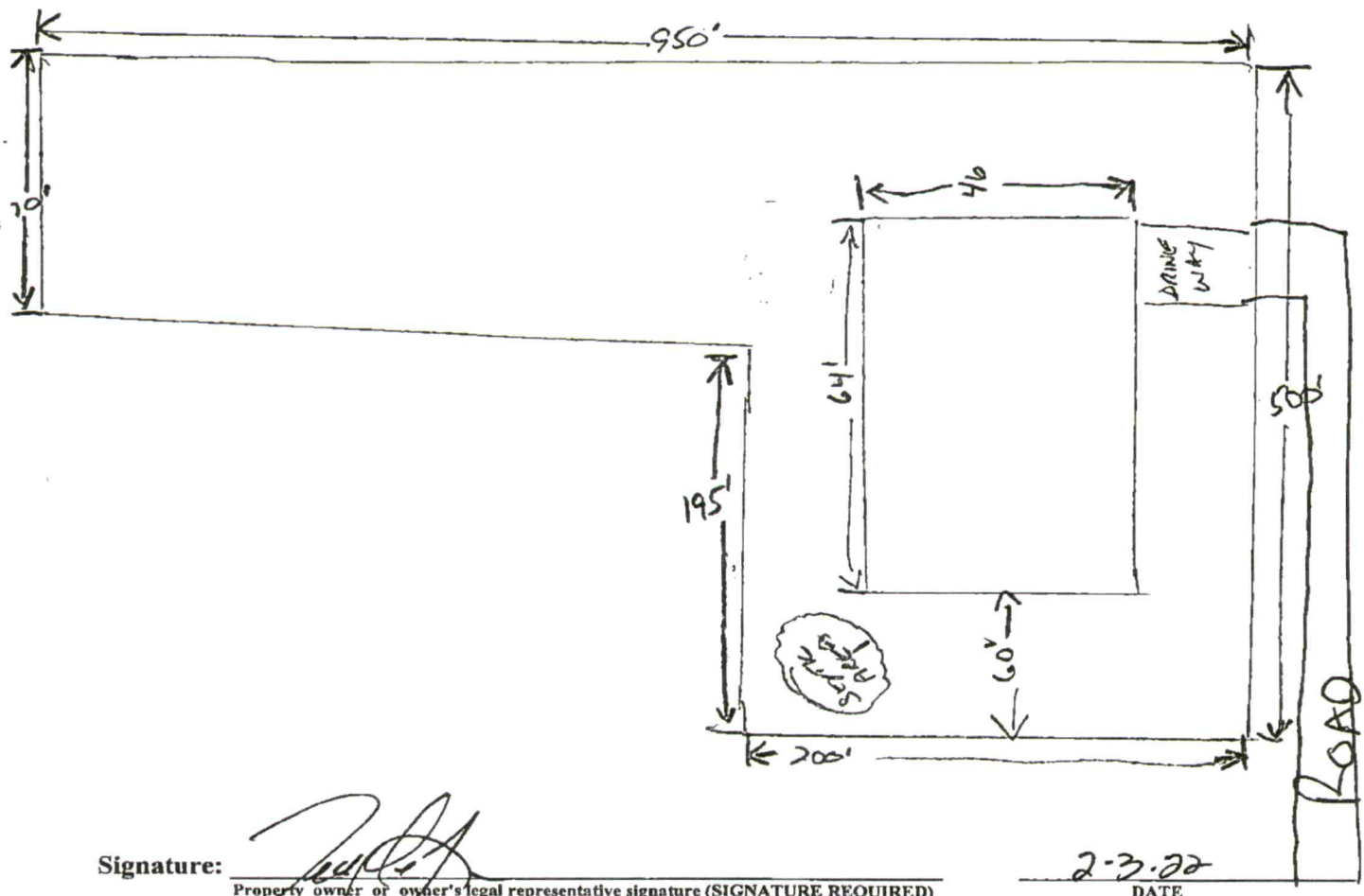
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other sufficient indicator of direction**

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-3-22

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☑ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

Complete all Environmental Health forms:

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

Clearly mark all property corners by locating existing iron or concrete markers. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted. The proposed structure, etc. must be staked out on the property as per the site plan.

If an Authorization to Construct (AC) is desired, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 2-3-22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

Zoning Permit # 325385 See reverse for new construction.

Fee $226.60 **Code 104**

Zoning Permit

LOCATION	**Date (mm/dd/yy)**	02/08/22	**Tax Parcel #**	4730194173.000
	Business Name or Property Owner	DELISI THEODORE+LISA		
	Street Address & Lot Number	145 FREEDOM VALLEY TRL		
	Business Type and/or Project Description	Single-Family Home		
APPLICANT	**Applicant**	DELISI THEODORE+LISA	**Preferred Phone**	
	Address City/State/Zip	,		
	E-Mail			
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

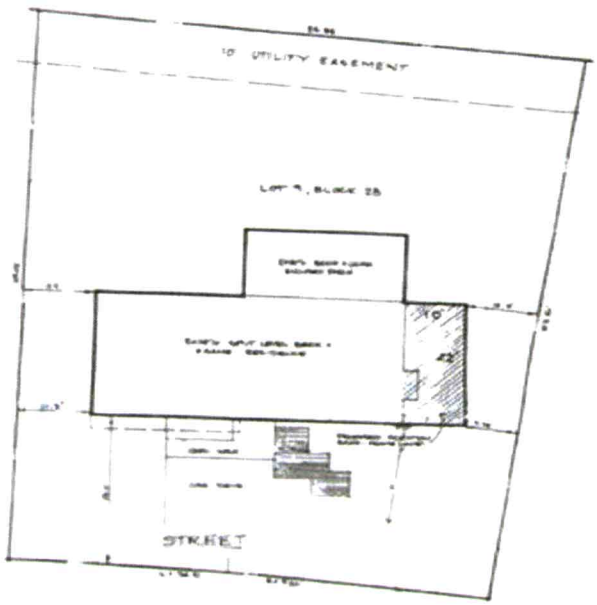
Office Use Only					
	Zoning District(s)	RS	**TL: Troutman | ETJ: Troutman**	Plans Attached	
	Utilities			Floodplain	
	Permitted Use of Property	Single-Family Home			
	Minimum Setback Requirements	Front 25 , Rear 25 , Left Side 15 , Right Side 15 , *Setback measure from nearest projecting point of structure to Property Line.*			
	Comments:	Single-Family Dwelling in pole barn structure. To be used for residential, purposes only. Per submitted layout building will not be located in Floodzone.			

I hereby certify that all of the information provided for this application is to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Signature of Zoning Adminstrator



Please provide a drawing of your property in the space below (similar to drawing on the left) or attached in a separate document showing the layout of your home or business on the lot. If applicable, please clearing note expansions.