Zoning Permit # 210740
Fee $45.00 Code 104

See reverse for new construction.

## Zoning Permit

| | | | | |
|---|---|---|---|---|
| LOCATION | Date (mm/dd/yy) | 05-23-2015 | Tax Parcel # | 4730379532.000 |
| | Business Name or Property Owner | Stanley Gotliebson | | |
| | Street Address | 139 Meadowfall CN | | |
| | Business Type and/or Project Description | ADD Storage Building 14X24FT ✓ | | |
| APPLICANT | Applicant | Stan Gotliebson | Preferred Phone | 704-450-5376 |
| | Address City/State/Zip | 139 Meadowfall CN Troutman NC 28166 | | |
| | E-Mail | Stangot@gmail.com | | |
| | Would you like your e-mail address added to: (check any of interest) | ☒ The Whistle Stop (Town of Troutman newsletter)<br>☒ Troutman Business Council (Local Chamber of Commerce)<br>☒ 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 (exception, single family residential additions/expansions). 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 | Plans Attached | Yes ☐ | No ☐ |
| Utilities | — | Floodplain | Yes ☐ | No ☐ |
| Permitted Use of Property | Accessory Structure | | | |
| Minimum Setback Requirements | Front Ø', Rear 10', Right Side 10', Left Side 10'<br>*Setback measured from nearest projecting point of structure to Property Line.* | | | |
| Comments: Similar in appearance and color to the house. (Behind house) | | | | |

**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 Administrator