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TOWN OF TROUTMAN

TOWN OF TROUTMAN
ZONING CLEARANCE APPLICATION
PERK TEST ONLY

Change of Principal Use
New or Enlarged Principal Use ✓
New or Enlarged Accessory Structure

PERMIT 09 -P- 03-08 **DATE OF APPLICATION** 3-28-2008

APPLICANT'S NAME Gary Bernard w/ DPA Properties LLC
APPLICANT'S MAILING ADDRESS 9168 Fair Oaks Drive, Sherrills Ford NC 28673

DAY TIME PHONE # (443) 745-2222

PROPERTY LOCATION: Meadow Glen Subdivision Lot 94

TAX MAP OR PARCEL IDENTIFICATION NUMBER (PIN): 4730-48-0242

EXISTING ZONING: RS **IN A SPECIAL FLOOD HAZARD AREA?** Yes ___ No X

LOT DIMENSIONS: (Fill in all four blanks)
Length 194 Area 0.817
Width 172 Street Frontage 185'

TYPE OF BUILDING PROPOSED AND/OR PROPOSED USE: SF Res.

PROPERTY OWNER'S NAME: Same as above

PROPERTY OWNER'S MAILING ADDRESS "

RELATIONSHIP OF APPLICANTS TO PROPERTY OWNER —

IF ACCESSORY STRUCTURE, CHECK PROPOSED YARD LOCATION

Front: Right Side:
Rear: X Left Side: X

STRUCTURE REQUIREMENT (Note: A separate application must be completed for each structure)

(Set Backs)	Required	Proposed
Lot Area	Increased existing	0.817
Side Yard—Left	15'	16'
Side Yard—Right	15'	100'
Front Setback(from road R/W)	40'	60'
Building Height	50' max	<50'
Lot Width at Building Line	80'	184'
Rear Yard Setback	25'	80'

*Additional ten feet (10') required on all side yards which abut a public or private street

Comments: **PERK TEST ONLY!!!!**

ATTACHMENTS

In order to be considered complete, the following must accompany each application:

1. A fee (in cash or a check made payable to the Town of Troutman) in the amount of $25.00 shall be submitted to the Zoning Administrator.
2. A scaled dimensional drawing which shows (a) the exact shape, dimensions and location of the lot to be built upon, and (b) the exact shape, dimensions, use and location of existing structures on the lot. Upon this survey or drawing shall be sketched the following: (a) the exact shape, dimensions and area of the structure(s) to be placed upon the lot; (b) all setback lines on the lot once the proposed structure is completed; and (c) any other information that may be needed to insure that the proposed structure is in compliance with all applicable provisions of the Ordinance

CERTIFICATION

1. I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete.

Gary Barnard
Signature of Applicant

Date: 3/28/08

2. I, _____, Owner of property _____ (list PIN number) in Troutman, North Carolina, do hereby authorize _____(Applicant's Name)_____ to submit this zoning permit application to the Zoning Administrator on my behalf.

_____
Signature of Property Owner

Date: _____

3. To the best of my knowledge, this application is accepted and deemed complete.

John B. Garland
Signature of Zoning Administrator

Date: 3-28-2008

(THE FOLLOWING SHALL BE FILLED OUT BY THE ZONING ADMINISTRATOR)

Based on the information hereby furnished to me and my knowledge of the Troutman Zoning Ordinance, I hereby: ✓ **APPROVE** _____ **DISAPPROVE** this Zoning Permit.

COMMENTS: This perk test is for Lot 94 of the Meadow Glen Subdivision.

John B. Garland
Zoning Administrator

Date: 3-28-2008

THIS PERMIT EXPIRES SIX (6) MONTHS FROM THE ISSUE DATE.