TOWN OF TROUTMAN
ZONING PERMIT APPLICATION AND ZONING PERMIT

Change of Principle Use _____
New of Enlarged Principal Structure _____
New of Enlarger Accessory Structure _____

PERMIT # 07-Z- 1298 DATE OF APPLICATION 7/17/98

APPLICANT'S NAME C & S Associates, LLC

APPLICANT'S MAILING ADDRESS 904 Salem Street,
Thomasville, N. C. 27360 DAYTIME PHONE (336 475-4111

PROPERTY LOCATION Duke Power State Park Road

TAX MAP AND PARCEL NUMBER 4730-48-6343 Lot # 19

EXISTING ZONING R-20 IN A SPECIAL FLOOD HAZARD AREA? No
LOT DIMENSIONS:
Length _____ Area _____
Width _____ Street Frontage _____
TYPE OF BUILDING PROPOSED AND/OR PROPOSED USE
Single Residential Family

PROPERTY OWNER'S NAME C & S Associates, LLC

PROPERTY OWNER'S MAILING ADDRESS 904 Salem Street
Thomasville, North Carolina 27360

RELATIONSHIP OF APPLICANTS TO PROPERTY OWNER Same

IF ACCESSORY STRUCTURE, CHECK PROPOSED YARD LOCATION
Front _____ R-Side _____
L-Side _____ Rear _____
STRUCTURE REQUIREMENT (Note: A separate application must be completed for each structure)

	Required	Proposed
Lot Area	15,000	
Side Yard, Left	12½	
Side Yard Right	12½	
Front Setback (from road Right of Way	40	
Building Height	35	
Width at Building Line	100	
Rear Yard Setback	25	
Lot Coverage		

COMMENTS: _____

ATTATCHMENTS

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 $15.00 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.

C&S Assoc. LLC — 7/17/98
Signature of Applicant — Date

2. I,_____, Owner of property_____(list Tax Map, Book and Parcel #) in Troutman, North Carolina do hereby authorize_____ ___(Applicant's Name), to submit this zoning permit application to the Zoning Administrator on my behalf.

Harold Ward — 7/17/98
Signature of Property Owner — Date

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

Signature of Zoning Administrator — 7/17/98
Date

(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:

XX
APPROVE _____ DISAPROVE this Zoning Permit.

COMMENTS: Not for building permit

Zoning Administrator — 7/17/98
Date

THIS PERMIST EXPIRES SIX MONTHS FROM THE ISSUE DATE.