PAID
MAR 8 2004
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 12 ***-p-*** 03-04 ***DATE OF APPLICATION*** March 8, 2004

APPLICANT'S NAME Richard R. Lee
APPLICANT'S MAILING ADDRESS 4604 Oakleaf Lane
Gastonia, North Carolina 28056

DAY TIME PHONE # (704) 865-6989
336-847-4765

PROPERTY LOCATION: Spicewood Circle

TAX MAP OR PARCEL IDENTIFICATION NUMBER (PIN): 4730771782

EXISTING ZONING: R-20 ***IN A SPECIAL FLOOD HAZARD AREA?*** ***Yes*** ____ ***No*** X

LOT DIMENSIONS: ***Length*** 170' ***Area*** .39 Ac.
(Fill in all four blanks) ***Width*** 101' ***Street Frontage*** 101'

TYPE OF BUILDING PROPOSED AND/OR PROPOSED USE: Selling property

PROPERTY OWNER'S NAME: Richard R. and Maxine R. Lee

PROPERTY OWNER'S MAILING ADDRESS 4609 Oakleaf Lane, Gastonia, N. C. 28056

RELATIONSHIP OF APPLICANTS TO PROPERTY OWNER Same

IF ACCESSORY STRUCTURE, CHECK PROPOSED YARD LOCATION

Front: _____ ***Right Side:*** _____
Rear: _____ ***Left Side:*** _____

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

(Set Backs)	***Required***	***Proposed***
Lot Area		
Side Yard—Left		
Side Yard—Right		
Front Setback(from road R/W)		
Building Height		
Lot Width at Building Line		
Rear Yard Setback		

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

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

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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.

Signature of Applicant Date: March 8, 2004

2. I, _____, Owner of property 4730771782 (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: March 8, 2004

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

Donald E. Duncan, Jr.
Signature of Zoning Administrator Date: 3/8/04

(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: XXXXX **APPROVE** _____ **DISAPPROVE** this Zoning Permit.

COMMENTS: _____

Donald E. Duncan, Jr.
Zoning Administrator Date: 3/8/04

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