TOWN OF TROUTMAN
ZONING PERMIT APPLICATION AND ZONING PERMIT

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

PERMIT # 01 -Z- 0599 DATE OF APPLICATION 5/07/99

APPLICANT'S NAME Elwyn R. Tatu

APPLICANT'S MAILING ADDRESS 382 Templeton Road, Mooresville, N. C.
DAYTIME PHONE ( ) 363-1011

PROPERTY LOCATION Lot #2 Spicewood Circle (Off Perth Road)

TAX MAP AND PARCEL NUMBER 4730-78-3663

EXISTING ZONING R-20 IN A SPECIAL FLOOD HAZARD AREA? No
LOT DIMENSIONS:
Length 211' Area _____
Width 114' Street Frontage 114'
TYPE OF BUILDING PROPOSED AND/OR PROPOSED USE
Single Family Dwelling

PROPERTY OWNER'S NAME Maxine M. Neill

PROPERTY OWNER'S MAILING ADDRESS 6191 South Boston Circle
Englewood, CO. 80111

RELATIONSHIP OF APPLICANTS TO PROPERTY OWNER Purchasing property

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	20,000	½ Acre
Side Yard, Left	15	37'
Side Yard Right	15	37'
Front Setback (from road Right of Way	40	~~35~~ 40' EST
Building Height	35	16'
Width at Building Line	100	40'
Rear Yard Setback	25	35'
Lot Coverage		1,000

COMMENTS:

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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.

Signature of Applicant — Date: 5-7-99

2. I, John Neill, Owner of property 4730-78-3663 (list Tax Map, Book and Parcel #) in Troutman, North Carolina do hereby authorize Butch Watts (Applicant's Name), to submit this zoning permit application to the Zoning Administrator on my behalf.

Signature of Property Owner — Date: 5-6-99

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

Signature of Zoning Administrator — Date: 5/7/99

(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: Front setbacks do not meet the required setback by 5'

Zoning Administrator — Date: 5/7/99

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