TOWN OF TROUTMAN
ZONING PERMIT APPLICATION AND ZONING PERMIT

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

PERMIT # -Z- *DATE OF APPLICATION* 7-12-99

APPLICANT'S NAME: LARRY H. DAVIS

APPLICANT'S MAILING ADDRESS: 450 OAK TREE RD
MOORESVILLE, NC 28117

DAY TIME PHONE # (704) 664-9407

PROPERTY LOCATION: SPICEWOOD (SUBDIVISION) LOT # 27

TAX MAP OR PARCEL IDENTIFICATION NUMBER (PIN) 3 14-C-3

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

LOT DIMENSIONS: *Length* 278 *Area* .633 AC
Width 100 *Street Frontage* 100

TYPE OF BUILDING PROPOSED AND/OR PROPOSED USE: SINGLE FAMILY - RES.

PROPERTY OWNERS'S NAME: TERRY H. NEILL / JOHN R. NEILL

PROPERTY OWNER'S MAILING ADDRESS: 2010 MEADOW TREE LN.
KIRKWOOD, MO. 63122

RELATIONSHIP OF APPLICANTS TO PROPERTY OWNER: AGENT / BUYER

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)*

	Required	*Proposed*
Lot Area	20,000	20,000
Side Yard, Left	15	15 +
Side Yard, Right	15	15 +
Front Setback (from road Right-of-Way	40	40 +
Building Height	1-STORY	1-STORY
Width at Building Line	100	100
Rear Yard Setback	25	25 +
Lot Coverage	_____	_____

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 $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.

Larry H. Davis — Date: 7-12-99
Signature of Applicant

2. I, JOHN R. NEILL, Owner of property 3H-C-3 (list PIN number) in Troutman, North Carolina, do hereby authorize LARRY H. DAVIS (Applicant's Name) to submit this zoning permit application to the Zoning Administrator on my behalf.

John R. Neill by John F. Engle authorized agent — Date: 7/12/99
Signature of Property Owner

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

[signature] — Date: 7/13/99
Signature of Zoning Administrator

(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 ____ DISAPPROVE this Zoning Permit.

COMMENTS: _____

[signature] — Date: 7/13/99
Zoning Administrator

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