TOWN OF TROUTMAN
ZONING PERMIT APPLICATION AND ZONING PERMIT

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

PERMIT # 06 -Z- 699 *DATE OF APPLICATION* 6/15/99

APPLICANT'S NAME: Adam Washington Malcom Jr.

APPLICANT'S MAILING ADDRESS: 677 Wagner St Troutman

DAY TIME PHONE # ( ) 528-5008

PROPERTY LOCATION: Wagner St Troutman

TAX MAP OR PARCEL IDENTIFICATION NUMBER (PIN) 4731-81-2668

EXISTING ZONING R-10 *IN A SPECIAL FLOOD HAZARD AREA? Yes* ___ *No* ___

LOT DIMENSIONS: *Length* _____ *Area* _____
Width _____ *Street Frontage* _____

TYPE OF BUILDING PROPOSED AND/OR PROPOSED USE: bedroom addition

PROPERTY OWNERS'S NAME: Adam Washington Malcom Jr.

PROPERTY OWNER'S MAILING ADDRESS: 677 Wagner St. troutman

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)*

	Required	*Proposed*
Lot Area	10,000	.9 acre
Side Yard, Left	*10'	112'
Side Yard, Right	*10'	50'
Front Setback (from road right-of-way	30'	58'
Building Height	35'	14.5'
Width at Building Line	80'	N/a
Rear Yard Setback	25'	57'
Lot Coverage		

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

COMMENTS: _____