TOWN OF TROUTMAN

400 Eastway Drive• Troutman, NC 28166•704-528-7600

Zoning Permit Application

Permit #: 41 -Z- 07-08

1. Application Type

- [x] Single Family Dwelling
- [ ] Accessory Building
- [ ] Commercial Building
- [ ] Industrial
- [ ] Multi-Family
- [ ] Change of Use
- [ ] Other _____

2. Project Information

Date of Application 7-29-08 PIN 4731926109

Address 610 Lake Cr. Troutman Zoning District RS

Overlay District(s) WS-IV-PA

Current Land Use residential Proposed Land Use residential

Development Name and Lot Number J.P. Holtshouser Lt No. 14

3. Contact Information

Sonya Money	Tom Cail
Applicant	Property Owner
600 Lake Cr.	358 Union Rd
Address	Address
Troutman NC 28166	Mickleton NJ 08056
City, State Zip	City, State Zip
704-929-6136	856-423-6012
Telephone	Telephone
Fax	Fax

4. Attachment Requirement

In order to be considered complete, the following must accompany each application:

1. A fee in the amount of $[redacted].45
2. A scaled dimensional drawing which shows (a) the exact shape, dimensions and location of the parcel to be built upon, (b) the exact shape, dimensions, use and location of existing structures on the parcel, (c) all setback lines on the parcel once the proposed structure is completed; and (d) any other information that may be needed to insure that the proposed structure is in compliance with all applicable provisions of the Ordinance.
3. Elevations of the proposed structure(s).

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5. Structure Requirement

A separate application is required for each structure

	Required	Proposed
Lot Area	.5	.160
Front Setback (measured from ROW)	25'	40
Side Yard Setback– Left	20'	48
Side Yard Setback– Right	20'	25
Rear Yard Setback	25'	80
Building Height	50'	20
Width at Building Line	120'	130

Accessory Structures

Square footage of principal structure 1700 Square footage of accessory structure(s) _____

Utilities

☐ Public Water ☐ Public Sewer ☑ Private Well ☑ Septic System

☐ Other _____

6. Certifications

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Sonya Morey
Signature of Applicant

Date: 7-29-08

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

_____
Signature of Zoning Administrator
Emily Jackson or Lauren Page

Date: 7/29/08

Based on the information hereby furnished to me and my knowledge of the Town of Troutman Unified Development Ordinance, I/we do/do not:

_____ APPROVE _____ DISAPPROVE this Zoning Permit.

COMMENTS: single family dwelling

_____
Zoning Administrator
Emily Jackson or Lauren Page

Date: 7/29/08