IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

BB

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PERMIT # AP-311773

PIN # 473288535~~X~~4

APPLICANT/OWNER: John R McCormick Contracting LLC

APPLICANT ADDRESS: 115 Ashmore Cir Troutman NC 28166

SITE ADDRESS: 186 Watering Trough Rd Statesville NC 28677

PHONE: 704-528-7883

ALT. PHONE 412-608-8709

SITE DIRECTIONS: 21S T/L Moose Club T/L Skyuka T/L Watering Trough

SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Troutman Crossing

SECTION: P3 LOT # 11 LOT AREA: 0.995ac

DESIGN FLOW: 240 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 760 Date 10/11/21

Pump Tank 1000 (gal) PT ~~MM~~ 319 Date 11/9/21

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 4 Linear Ft 200'

Trench Width 36" Trench Bottom Depth (Low side) 24" Gravel Depth N/A

■ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair 50% Reduction

Maintenance Agreement Required: ☐ YES ■ NO

☐ GRAVITY ■ PRESSURE

■ Residence ☐ Business ☐ Other ■ Slab ☐ Basement w/plumbing

No. Bedrooms 2 No. Persons 4 No. Employees ____ ☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ■ Private ☐ Public ☐ Community

Comments / Conditions: See attached plan

Use 4 1/2 sch 80 taps

91 gal dose 4" drawdown

Use 2" sch 40

INITIAL SITE SKETCH

See attached plan

E-MAILED

AC DJ. McCormick

9.3.21

AS BUILT SKETCH

Needs Electrical

Installed as drawn

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ■ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9.1.21 Installed by: Maiden Grading + Septic

IMPROVEMENT PERMIT by: [signature] Date: 08/25/21 OPERATION PERMIT by: [signature] D. Wieberg Date: 3/1/22

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 09/02/21 Existing System Inspected by: ____ Date: ____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

TAX PARCEL
4732-88-722
LOT 9
KEITH C & KRIS
HENRY
DB: 2645 PG: 2
PB: 65 PG: 3
S10°56'01"W 262.08'
10' Drainage & Utility Easement
10' SIDEYARD
25' Front Setback
C1
C2
C3
L4
35.22'
16.0'
21.3'
313.60' Total
S10°56'01"W
221.40'
68.4'
25' Front Setback
Proposed Silo
Proposed Home
9.6'
108.5'
10' SIDEYARD
26.0'
LOT 11
0.995 ACRES
50% Reserve Area
S56°58'17"W
56.98'
44.75'
50'
50'
50'
50'
20'
14'
10' SIDEYARD
N36°34'46"E 392.61' Total
361.75'
N36°34'46"E 570.99'
10' Drainage & Utility Easement
N36°34'46"E 601.84' Total
N88°07'23"W 143.87'
N85°35'00"W 47.48'
10' SIDEYARD

OS-1

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 2
PROPERTY ID #: 4732 5853
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: John McCormick — APPLICATION DATE 10/13/20
ADDRESS: 115 Ashmore Ct — DATE EVALUATED: 10/26/20
PROPOSED FACILITY: SFD — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: .995 ac
LOCATION OF SITE: Lot 11 196 Watering trough — PROPERTY RECORDED: yes
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other n/a
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 8%	0-6	Gr SCL	fr SE	Chroma 2's 20"-53"	60"	N/A	N/A	PS .1
		6-53	WABK C	fi SE					
		53-60	WABK BC	fi/f SE					
2	L 10%	0-4	Gr SCL	fr SE	Chroma 2" 18"-24"	64"	N/A	18"	PS .1
		4-18	SBK C	fi SE					
		18-24	Platy C	fi SE					
		24-40	WABK C	fi SE					
		40-64	WABK BC	fi/f SE					
3	L 11%	0-4	Gr SCL	~~fr~~ SE	Chroma 2's @ 20"-60"	60"	N/A	N/A	PS .1
		4-24	WABK C	fi SE					
		24-60	WABK BC	fi/f SE					
4	L 10%	0-9	Gr SCL	fr SE	Chroma 2's @ 22"	54"	N/A	N/A	PS .1
		9-36	ABK C	fi SE					
		36-54	WABK BC	fi/f SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): Chroma 2 Sal
SITE CLASSIFICATION (.1948):
EVALUATED BY: #7 0-10 Compact 10-29"
OTHER(S) PRESENT: 10-28 WSBK C fi SE
28-29 Platy C fi
29-50 WABK BC

COMMENTS: #5 0-16 - Compacted
16-40 - Platy C
40-62 WABK BC Chroma 2's 22"-62"
#6 0-9 Compacted
9-40 ABK C
40-62 mass sapro 0% .3

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4737351300
DATE OF EVALUATION: 10/13/20
COUNTY: Pender

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
8	10%	0-7	Compacted	—	PS	PS	N/A	N/A	3
		7-11	Gr SCL	fr SE					
		11-32	SBK C	fi SE					
		32-62	iv SBK TSC	fi/fr ST					

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

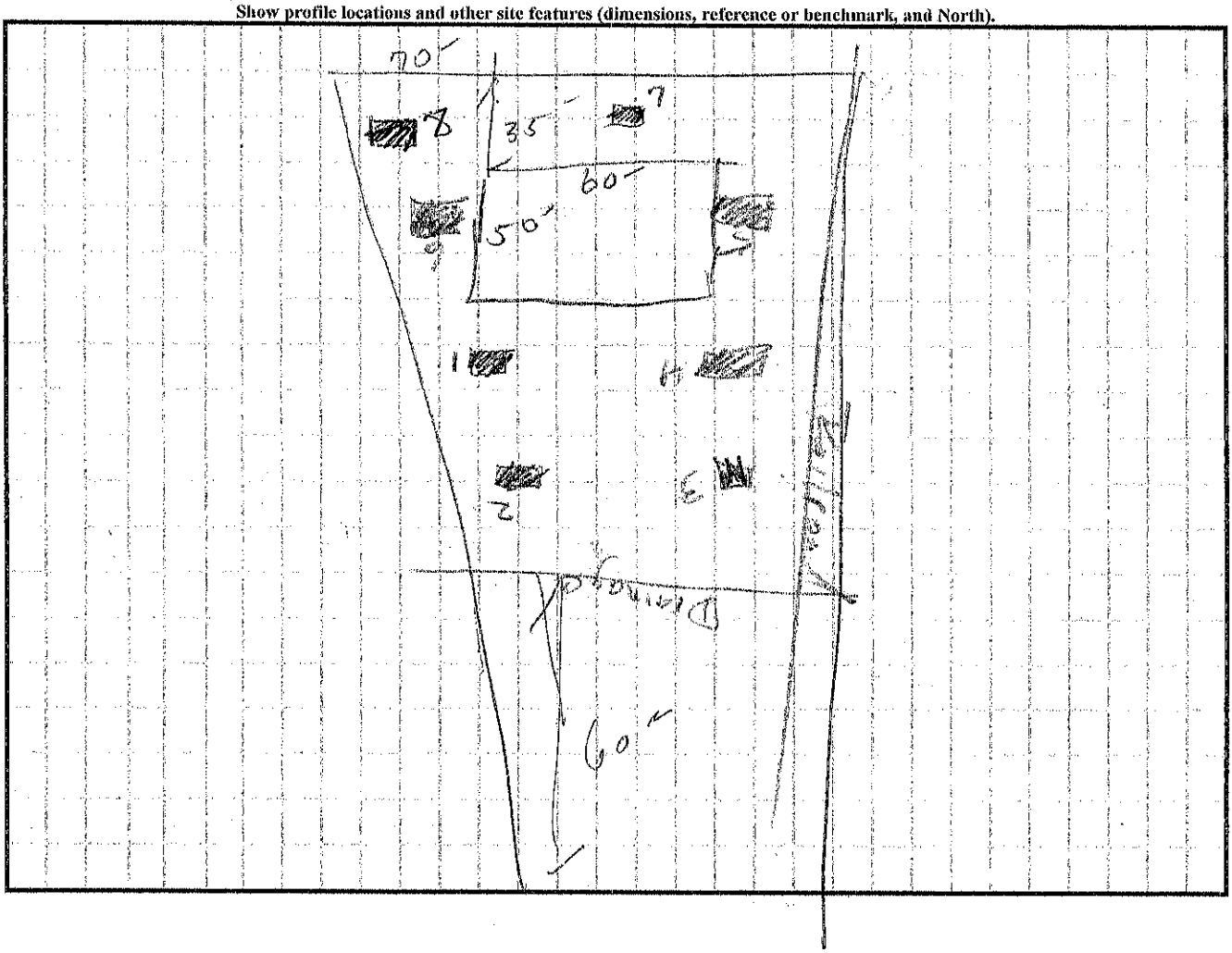
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



311773

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) *beside whichever is submitted if applicable* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: John R McCormuck Contr **Address:** 115 Ashmore Cir. **Zip:** 28166

Applicant Email: jsmccormuck@roadrunner.com **Phone:** 412.608.8709 **Alt. Phone:** 704 528 7883

Owner Name: John R McCormuck Cont **Address:** same **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 186 Watering Trough Rd., Statesville, NC 28677

Subdivision Name: Troutman Crossing **Section/Phase:** _____ **Lot Number:** 11

Driving Directions: Moose Club, Skyuka, watering Trough

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 2BR — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — (✓) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: 25% reduc

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 9-1-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

1/2 Pits
10/26/20
9:30

RECEIVED OCT 13 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

AP-311773
$500.00

PAGE 1: *APPLICATION FORM*

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Applicant Email: JSMcCormickC@Roadrunner.com Phone: 704 528 7887 Alt. Phone: 412 608 8709
Owner Name: John R McCormick Address: 115 Ashmore Cir Troutman Zip: 28166
Owner Email: " Phone: " Alt. Phone: "

Property Information:

Street Address: 186 Watering Trough Rd Statesville NC 28677
Subdivision Name: Troutman Corssing Section/Phase: _____ Lot Number: 11
Driving Directions: 21 S Lft Moose Club, Lft Skyuca, Lft watering trough

Site Development Information: *(check or complete ALL that apply*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1521 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: 25% reduction

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 10-13-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ 1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ 2. I, John R McCormick, am the legal owner(s) of the property located at 184 Watering Trough Rd Statesville, identified as PIN (Parcel Identification Number) 4732885353.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) John R McCormick Contracting LLC John R McCormick, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 10-13-2020

Signature of Owner(s) Date

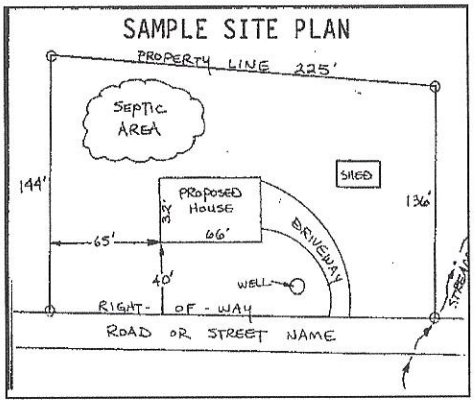
Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other sufficient indicator of direction**

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

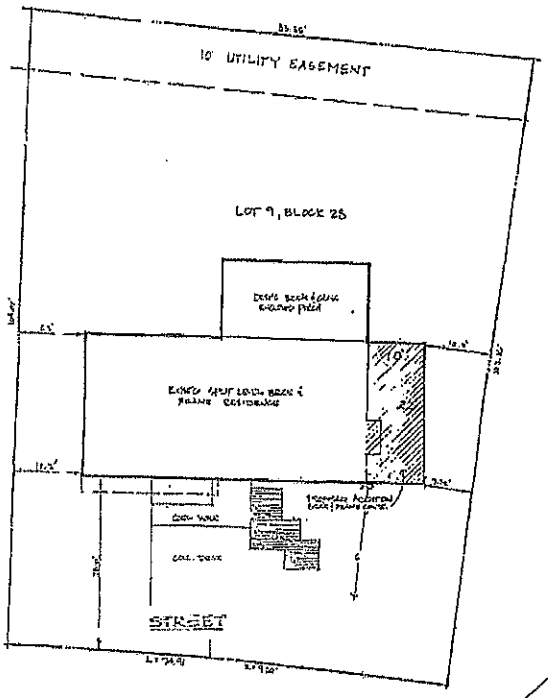
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

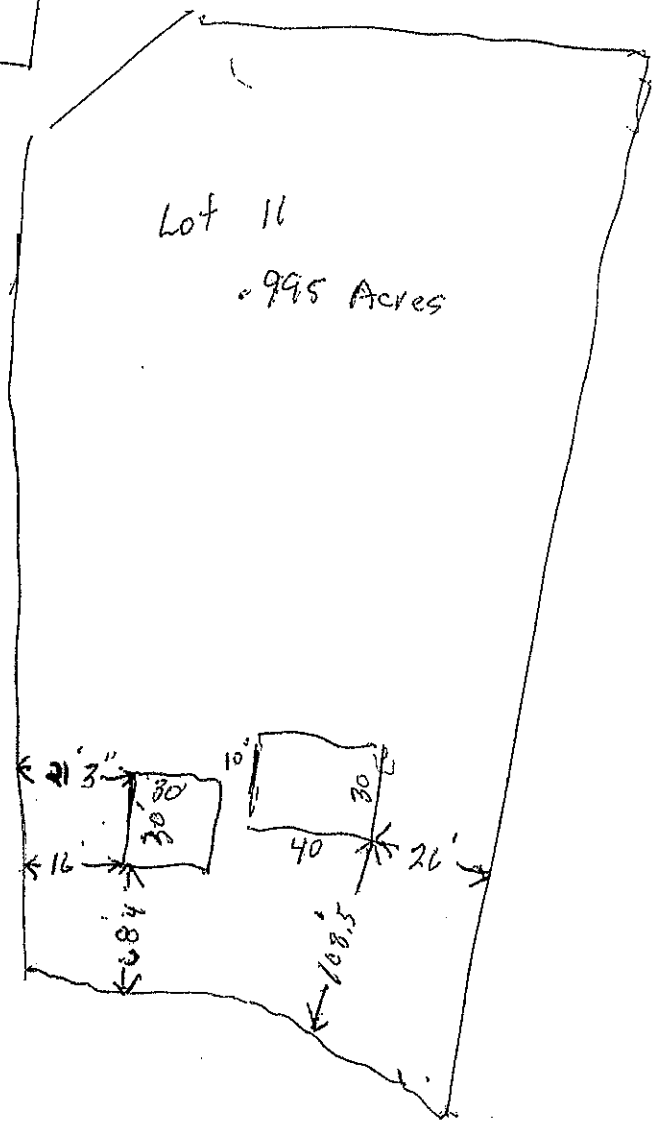
See Attached

Signature: _____ 9-1-21

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — **DATE**

Please provide a drawing of your property in the space below (similar to drawing on the left) or attached in a separate document showing the layout of your home or business on the lot. If applicable, please clearly note expansions.





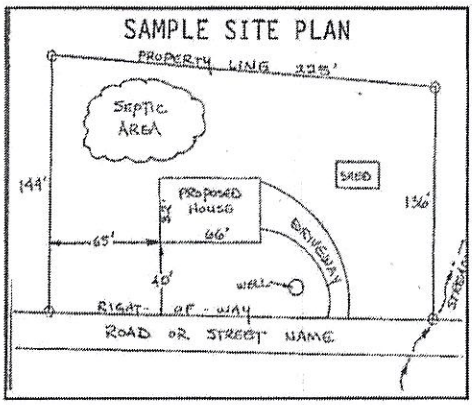
min set backs
Front 25'
Rear 25'
side 10'

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***SITE PLAN WORKSHEET***

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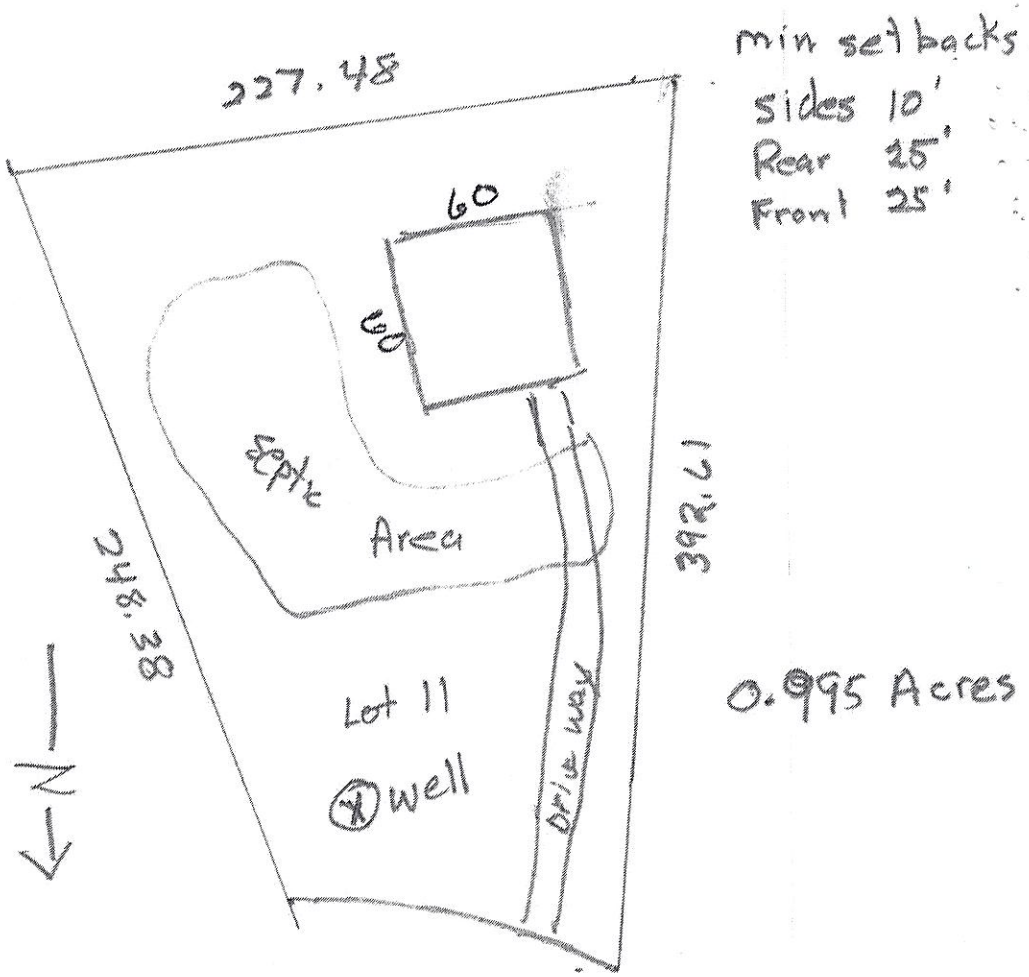
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( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

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Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

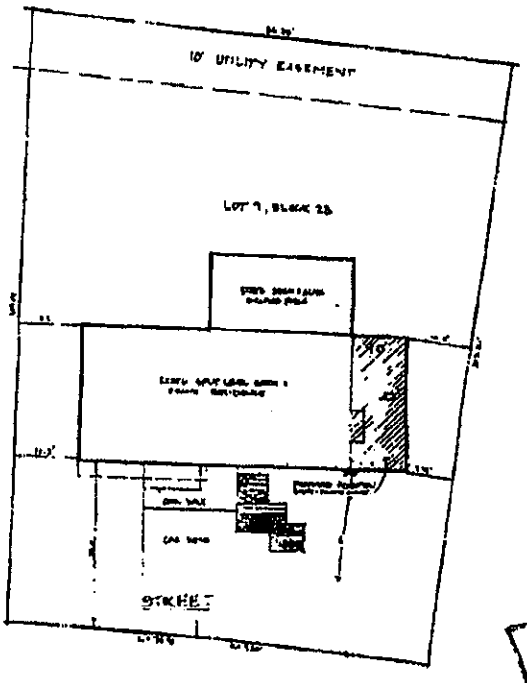
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ 10-13-2020

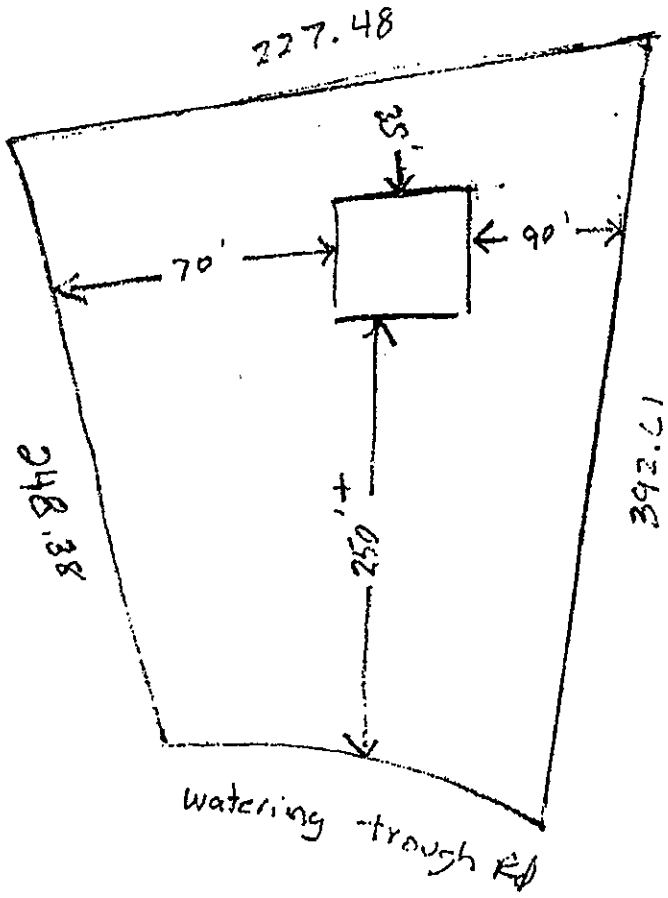
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE



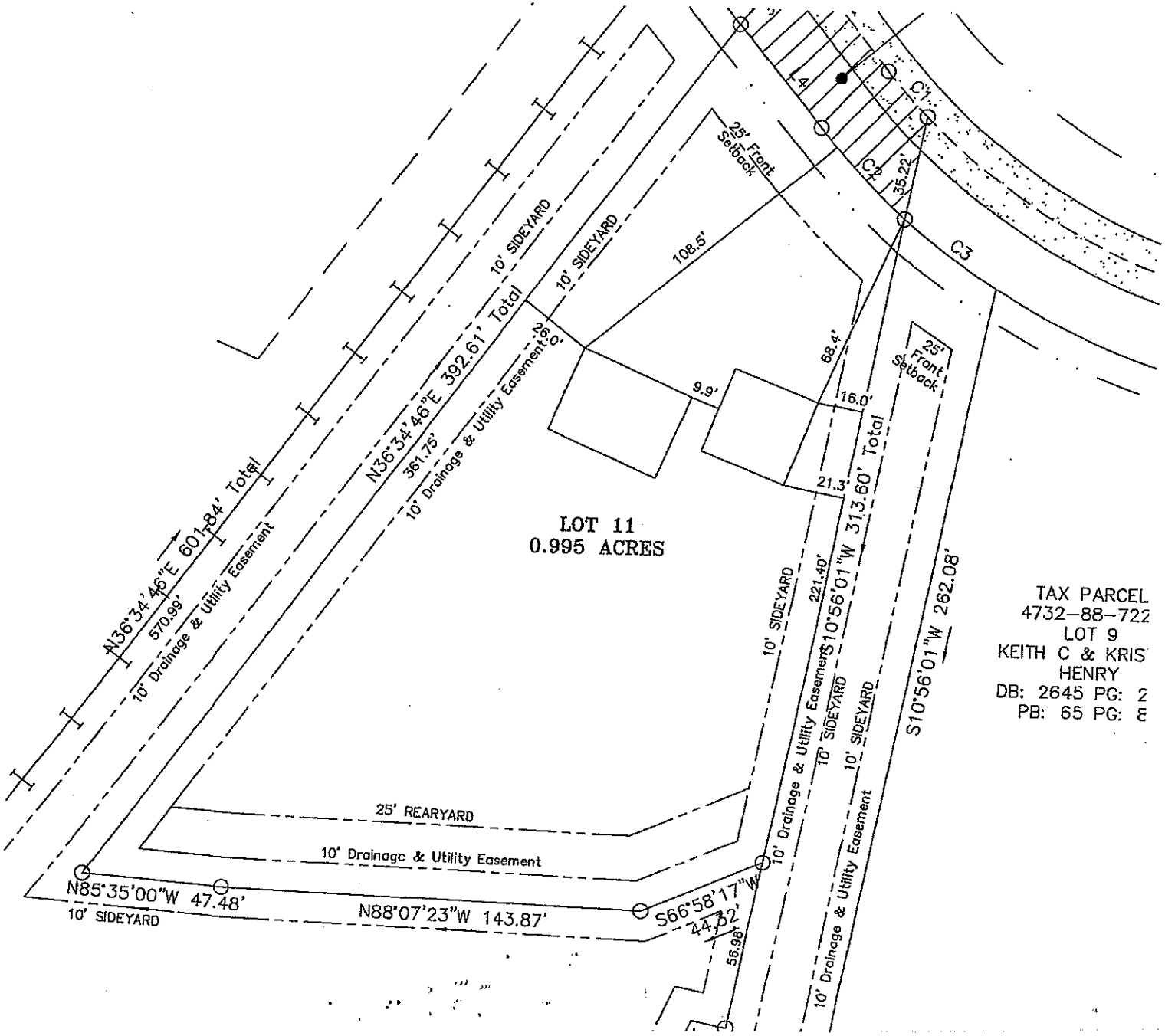
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Min setbacks 10'
Rear 25'
Front 25'

0.995 Acre



Lot 11


LOT 11
0.995 ACRES
N36°34'46"E 601.84' Total
570.99'
10' Drainage & Utility Easement
10' SIDEYARD
N36°34'46"E 392.61' Total
361.75'
10' Drainage & Utility Easement
10' SIDEYARD
25' Front Setback
108.5'
9.9'
16.0'
68.4'
21.3'
25' Front Setback
35.22'
C1
C2
C3
L4
10' SIDEYARD
221.40'
10' Drainage & Utility Easement
S10°56'01"W 313.60' Total
10' SIDEYARD
10' Drainage & Utility Easement
S10°56'01"W 262.08'
25' REARYARD
10' Drainage & Utility Easement
N85°35'00"W 47.48'
10' SIDEYARD
N88°07'23"W 143.87'
S66°58'17"W
44.32'
56.38'
TAX PARCEL
4732-88-722
LOT 9
KEITH C & KRIS
HENRY
DB: 2645 PG: 2
PB: 65 PG: 8

Lot 18c watering Trough
Statesville NC 28677

John R McCormick
contracting LLC
115 Ashmore Cir
Troutman NC
28166
Cell 412 608 8709
Home 704 528 7883

900 #

Acknowledgement Of
Plans Submittal ONLY!
Date 9/2/21
Date 9/2/21

Zoning Permit # 311773
Fee $45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	10-13-2020	Tax Parcel #	4732885353.000
	Business Name or Property Owner	John R McCormick Contracting LLC		
	Street Address & Lot Number	186 Watering Trough, Statesville Lot 11		
	Business Type and/or Project Description	single family Home		
APPLICANT	Applicant	John R McCormick	Preferred Phone	704 5287883
	Address City/State/Zip	115 Ashmore Circle Troutman NC 28166		
	E-Mail	JS McCormick @ Roadrunner . Com		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only

Zoning District(s)	RS	TL ☐ ETJ ☑	Plans Attached	Yes ☑ No ☐
Utilities	Well / Septic		Floodplain	Yes ☐ No ☑
Permitted Use of Property	SFR			
Minimum Setback Requirements	Front 25' Rear 25' Left Side 10' Right Side 10' *Setback measured from nearest projecting point of structure to Property Line.*			

Comments: Front of home should be parallel to front lot line / street. Le rear/side yard trees for lots over 1/2 acre. Use of existing encourage

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.

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Danielle Upright

Signature of Zoning Administrator