

Sign Permit #

Fee \$

Code 104



Zoning Permit

L O C A T I O N	Date (mm/dd/yy)		Tax Parcel #		
	Business Name or Property Owner				
	Street Address & Lot Number				
	Signage Type (Circle)	Neighborhood	Freestanding	Wall	Temporary
	Lighting (Circle)	Internal	External	No Illumination	

A P P L I C A N T	Applicant		Preferred Phone	
	Address City/State/Zip			
	E-Mail			
	Would you like your e-mail address added to: (check any of interest)	<input type="checkbox"/> The Whistle Stop (Town of Troutman newsletter) <input type="checkbox"/> Troutman Business Council (Local Chamber of Commerce) <input type="checkbox"/> Sunshine List (Agenda for Town Board Meetings)		

Please attach drawing of sign (area, height, materials, colors, etc.) Following approval of this permit proceed to Iredell County Building Inspections (349 N Center Street St, Statesville, NC 28677).

Office Use Only	Zoning District(s)		TL <input type="checkbox"/> ETJ <input type="checkbox"/>	Plans Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Utilities				
	Permitted Use of Property				
	Min Setback Requirements	Front ____' Rear ____' Left Side ____' Right Side ____' <i>Setback measured from nearest projecting point of structure to Property Line.</i>			
	Comments:				

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.

Signature of Zoning Administrator