

Zoning Permit #

See reverse for new construction.

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			
	Business Type and/or Project Description			

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)		

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 (exception, single family residential additions/expansions). 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)		Plans Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Utilities		Floodplain	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Permitted Use of Property			
	Minimum Setback Requirements	Front _____' Rear _____' Right Side _____' Left 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.

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 Applicant

Signature of Zoning Administrator

