

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 & Lot Number			
	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. 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)		TL <input type="checkbox"/> ETJ <input type="checkbox"/>	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 ____' 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.

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

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.

