

Received (C) -11/16/2018-

Demolition only



Town of Erwin Zoning Application & Permit Planning & Inspections Department

BCOM1811-0002
Permit #

Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

0597
84
4269

Name of Applicant	A Senses Demolition	Property Owner	Good Hope Hospital
Home Address	Po Box 15590	Home Address	410 Denim Dr.
City, State, Zip	Wilmington, NC 28408	City, State, Zip	Erwin, NC 28339
Telephone	910-793-3662	Telephone	910-890-4323
Email	kathryn@demolition.com	Email	BLARRISON49@gmail.com

Address of Proposed Property	410 Denim Dr. Erwin, NC 28339		
Parcel Identification Number(s) (PIN)	Unknown	Estimated Project Cost	\$124,000
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	We are Demolishing the Building we are not Building anything.		
Description of any proposed improvements to the building or property	NA		
What was the Previous Use of the subject property?	Hospital		
Does the Property Access DOT road?	yes		
Number of dwelling/structures on the property already		Property/Parcel size	2.52
Floodplain SFHA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Watershed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wetlands <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MUST circle one that applies to property	Existing/Proposed Septic System Or Existing/Proposed County/City Sewer		
	NA		

Owner/Applicant Must Read and Sign

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

Print Name	Signature of Owner or Representative	Date
Chuck Ohmacht	<i>Chuck Ohmacht</i>	11-14-2018

For Office Use

Zoning District	pm	Existing Nonconforming Uses or Features	
Front Yard Setback		Other Permits Required	<input type="checkbox"/> Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input checked="" type="checkbox"/> Other
Side Yard Setback		Requires Town Zoning Inspection(s)	<input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.
Rear Yard Setback		Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		Fee Paid:	Date Paid: Staff Initials:

Comments: NO improvements -> demo project

Signature of Town Representative:	Date Approved/Denied:
<i>[Signature]</i>	

will need to submit another zoning permit when new construction starts.