



Town of Erwin  
**Zoning Application & Permit**  
 Planning & Inspections Department

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.

Name of Applicant	STE General Contract	Property Owner	Good Hope Hospital
Home Address	P.O. Box 2364	Home Address	<del>403 S 10th St</del> 403 S 10th St
City, State, Zip	Dunn NC 28325	City, State, Zip	Erwin NC 28339
Telephone	910 891 5465	Telephone	910 230 4011
Email	stesc.shane@gmail.com	Email	N/A

Address of Proposed Property	403 S 10th Street Erwin		
Parcel Identification Number(s) (PIN)	0597-84-1396.00	Estimated Project Cost	66,830
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	New plumbing, HVAC, & Electrical		
Description of any proposed improvements to the building or property	New mechanicals in house		
What was the Previous Use of the subject property?	House		
Does the Property Access DOT road?	<del>Yes</del> NO		
Number of dwelling/structures on the property already	12	Property/Parcel size	.28
Floodplain SFHA	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Watershed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Wetlands	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	MUST circle one that applies to property	
Existing/Proposed Septic System		Or	
Existing/Proposed County		City Sewer	

**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	Shane McLeod	Signature of Owner or Representative		Date	7/14/21
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**For Office Use**

Zoning District	DMV
Front Yard Setback	
Side Yard Setback	
Rear Yard Setback	

Existing Nonconforming Uses or Features	fruite to be removed
Other Permits Required	Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input type="checkbox"/> Other <input type="checkbox"/>
Requires Town Zoning Inspection(s)	Foundation <input type="checkbox"/> Prior to C. of O. <input type="checkbox"/>
Zoning Permit Status	Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/>
Fee Paid:	N/A
Date Paid:	-
Staff Initials:	-

Comments	
Signature of Town Representative:	Dina Bunde
Date Approved/Denied:	7/14/2021

- No expansion of structure
- not moving any load bearing walls, cosmetic work
- upgrade electrical and plumbing
- fruite (401) is being removed