



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	DOOLEY MARK CONSTRUCTORS OF GA	Property Owner	RUX ERWIN, LLC
Home Address	4018 CHAMBERS RD	Home Address	1616 2ND AVE SOUTH STE 100
City, State, Zip	OAKWOOD, GA 30526	City, State, Zip	BIRMINGHAM, AL
Telephone	770.945-0696 / 678.350-4531	Telephone	205.761-5170
Email	BWUNSCH@DOOLEYMARKGA.COM	Email	SEANA@MAINSTREETFAMILYCARE.COM

Address of Proposed Property	25 PROFESSIONAL PARK ERWIN, NC 28557		
Parcel Identification Number(s) (PIN)	1507-33-0265.000	Estimated Project Cost	1,200,000
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	NEW W/GR + CARE FAC, 7,711 NEW BUILDING		
Description of any proposed improvements to the building or property	3300 SF NEW URGENT CARE FACILITY WITH SITE DEVELOPMENT.		
What was the Previous Use of the subject property?	N/A		
Does the Property Access DOT road?	NO		
Number of dwelling/structures on the property already	0	Property/Parcel size	1.34 ACRES
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	Signature of Owner or Representative	Date
FORREST WUNSCH	<i>[Signature]</i>	9/8/22

For Office Use

Zoning District	B-2	Existing Nonconforming Uses or Features	
Front Yard Setback	30'	Other Permits Required	<input type="checkbox"/> Conditional Use <input checked="" type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input checked="" type="checkbox"/> Other
Side Yard Setback	0'	Requires Town Zoning Inspection(s)	<input type="checkbox"/> Foundation <input checked="" type="checkbox"/> Prior to C. of O.
Rear Yard Setback	20'	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		Fee Paid: 100	Date Paid: Staff Initials:

Comments	
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Signature of Town Representative: Snow Bond	Date Approved/Denied: 9/8/22
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- Approved is based on the site plan and attached documents
- Signs have not been approved - note in plans
 - Parking lot or landscaping approved
 - Stormwater approval
 - please contact Harnett County development services to obtain Building permits 910-893-7525



ERWIN ZONING COMMERCIAL

Initial Application Date: 9.14.22

Application # BCOM 2208-0008
DRB # _____ CU # _____

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting (Physical) 420 McKinney Pkwy, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 1 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Rural Urgent Care, LLC Mailing Address: 1500 1st Ave. North # 3

City: Birmingham State: AL Zip: 35203 Contact # 205.516.0052 Email: Ssaia@mainstreetfamilycare.com

APPLICANT*: Dookey Mack Constructors of GA Mailing Address: 4018 Chamblee Rd

City: Oakwood State: GA Zip: 30566 Contact # 770.945.0696 Email: bwunsch@dookeymackedga.com

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Robert Wunsch Phone # 678.350.4531

Address: 25 Professional Park PIN: 1507-33-0265.000

Zoning: _____ Watershed: _____ Flood: _____ Deed Book Page: _____ / _____

Setbacks - Front: 30' Back: 20' Side: 0' Corner: _____

PROPOSED USE:

- Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____
- Business Sq. Ft. Retail Space: 3,330 Type: Urgent Care # Employees: 5 Hours of Operation: _____
- Daycare # Preschoolers: _____ # Afterschoolers: _____ # Employees: _____ Hours of Operation: _____
- Industry Sq. Ft: _____ Type: _____ # Employees: _____ Hours of Operation: _____
- Church Seating Capacity: _____ # Bathrooms: _____ Kitchen: _____
- Accessory/Addition/Other (Size _____ x _____) Use: _____

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: _____ New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank County Sewer (Complete Environmental Health Checklist on other side of application if Septic)

Comments: _____

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent

9/9/22

Date

This application expires 6 months from the initial date if permits have not been issued

RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.



NA-

This application expires 6 months from the initial date if permits have not been issued
APPLICATION CONTINUES ON BACK

This application expires 6 months from the initial date if permits have not been issued

This application to be filled out when applying for a septic system inspection. - DOMESTIC SEWER

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

Environmental Health New Septic System

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**

Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (if possible) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted Innovative Conventional Any
 Alternative Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES NO Does the site contain any Jurisdictional Wetlands?
- YES NO Do you plan to have an irrigation system now or in the future?
- YES NO Does or will the building contain any drains? Please explain. **NEW INTERIOR DOMESTIC SEWER**
- YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
- YES NO Is any wastewater going to be generated on the site other than domestic sewage?
- YES NO Is the site subject to approval by any other Public Agency? **TOWN OF BRWIN**
- YES NO Are there any Easements or Right of Ways on this property? **ROW ALONG US HWY 421**
- YES NO Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.