



Town of Erwin
Zoning Application & Permit
 Planning & Inspections Department

Permit #
 25-0005

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	DUILIERHO MATEO	Property Owner	DUILIERHO MATEO
Home Address	91 Hickory Tree Lane	Home Address	91 Hickory Tree Lane
City, State, Zip	ANGIER NC 27501	City, State, Zip	ANGIER NC 27501
Telephone	919 669 4672	Telephone	919 669 4672
Email		Email	

Address of Proposed Property		206 E JACKSON BLY ERWIN	
Parcel Identification Number(s) (PIN)		Estimated Project Cost	
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.			
Description of any proposed improvements to the building or property		REPLACE METAL DOOR	
What was the Previous Use of the subject property?			
Does the Property Access DOT road?			
Number of dwelling/structures on the property already		Property/Parcel size	
Floodplain SFHA	Yes ___ No ___	Watershed	Yes ___ No ___
Wetlands		Yes ___ No ___	
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	DUILIERHO MATEO	Signature of Owner or Representative	DUILIERHO MATEO	Date	07/18/24
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For Office Use

Zoning District	B-2	Existing Nonconforming Uses or Features				
Front Yard Setback	30 ft	Other Permits Required	___ Conditional Use	<input checked="" type="checkbox"/> Building	___ Fire Marshal	___ Other
Side Yard Setback	0 ft	Requires Town Zoning Inspection(s)		___ Foundation	___ Prior to C. of O.	
Rear Yard Setback	20 ft	Zoning Permit Status	<input checked="" type="checkbox"/> Approved	___ Denied		
Fee Paid: WARD		Date Paid: 7/18/24	Staff Initials: OME			

Comments	replace door / Exterior Frame
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Signature of Town Representative:	<i>[Signature]</i>	Date Approved/Denied:	7/18/24
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*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # _____
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: DUIERMO MATEO Date: _____
Site Address: 206 E JACKSON BOULEVARD Phone: 919 669 4672
Description of Proposed Work: _____

General Contractor Information: Building Cost \$ 150,000

DUIERMO MATEO Building Contractor's Company Name Telephone 919 669 4672

SAPE Address Email Address _____

DUIERMO MATEO Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work _____ Service Size: _____ Amps #T-Poles _____

Electrical Contractor's Company Name Telephone _____

Address Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name Telephone _____

Address Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Telephone _____

Address Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone _____

***NOTE: General Contractor must fill out and sign the second page of this application**



Sprinkler Contractor Information

Sprinkler Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is charged at full price per current fee schedule.

DUIJERHO MATEO
Signature of Owner/Contractor/Officer(s) of Corporation

07/18/24
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: DUIJERHO MATEO

Date: 07/18/24