



Town of Erwin
Zoning Application & Permit
Planning & Inspections Department

Permit #
26-078

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 Contractors, LLC | Property Owner | Good Hope Hospital |
| Home Address | PO Box 2364 | Home Address | 410 Denim Dr |
| City, State, Zip | Dunn, NC 28335 | City, State, Zip | Erwin, NC 28339 |
| Telephone | 910-891-5465 | Telephone | 910-230-4011 |
| Email | stegc.tommy@gmail.com | Email | |

| | | | |
|--|---|--|-----------|
| Address of Proposed Property | 410 Denim Dr, Erwin, NC 28339 | | |
| Parcel Identification Number(s) (PIN) | 0597-84-4269.000 | Estimated Project Cost | 1,200,000 |
| What is the applicant requesting to build / what is the proposed use of the subject property? Be specific. | Interior Build Out for Updated Hospital | | |
| Description of any proposed improvements to the building or property | Complete Interior Build Out, Currently an Empty Shell | | |
| 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 | 1 | Property/Parcel size | 2.58 ac |
| 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 <input type="checkbox"/> Or Existing/Proposed County <u>City</u> Sewer <input checked="" type="checkbox"/> | | |

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.

| | | |
|-----------------|--------------------------------------|----------|
| Thomas N McLeod | <i>Thomas N. McLeod</i> | 8/6/2025 |
| Print Name | Signature of Owner or Representative | Date |

For Office Use

| | | | |
|--------------------|-------|---|--|
| Zoning District | DMV | Existing Nonconforming Uses or Features | NA |
| Front Yard Setback | 18 ft | Other Permits Required | <input type="checkbox"/> Conditional Use <input checked="" type="checkbox"/> Building <input checked="" type="checkbox"/> Fire Marshal <input checked="" type="checkbox"/> Other |
| Side Yard Setback | 8 ft | Requires Town Zoning Inspection(s) | <input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O. |
| Rear Yard Setback | 15 ft | Zoning Permit Status | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied |
| | | Fee Paid: <i>WONED</i> | Date Paid: <i>NA</i> Staff Initials: <i>DME</i> |

| | | |
|-----------------------------------|-------------------------------------|------------------------------|
| Comments | NO expansion of existing structures | |
| Signature of Town Representative: | <i>[Signature]</i> | Date Approved/Denied: 8/7/25 |

Trade permits from Harnett County