



Town of Erwin
Zoning Application & Permit
 Planning & Inspections Department

Permit #
 24-0101

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	Kimber Group LLC.	Property Owner	
Home Address	PO Box 181	Home Address	
City, State, Zip	Erwin, NC 28339	City, State, Zip	
Telephone	910-591-7420	Telephone	
Email	adunn@mailmea.com	Email	

Address of Proposed Property	890 Magnolia Lake RD		
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.	Replacing manufactured home with another manufactured home. Same site/location.		
Description of any proposed improvements to the building or property			
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 <u>Yes</u> <u>No</u> Watershed <u>Yes</u> <u>No</u> Wetlands <u>Yes</u> <u>No</u>			
MUST circle one that applies to property	Existing/Proposed Septic System <u>Or</u> 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.

<u>Ashley Dunn</u> Print Name	<u>[Signature]</u> Signature of Owner or Representative	<u>1-12-24</u> Date
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For Office Use

Zoning District	M0	Existing Nonconforming Uses or Features	
Front Yard Setback	40 Ft	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	12 Ft	Requires Town Zoning Inspection(s)	<input type="checkbox"/> Foundation <input checked="" type="checkbox"/> Prior to C. of O.
Rear Yard Setback	40 Ft	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		Fee Paid: \$ 25	Date Paid: Staff Initials:

Comments	Replacing Model Home, same location Trade permits
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Signature of Town Representative: <u>[Signature]</u>	Date Approved/Denied: 1/12/24
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