



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

Permit #  
 24-0149

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	Tommy Cole	Property Owner	Ruth
Home Address	2481 Plainview	Home Address	608 N 15th Street
City, State, Zip	Dunn NC	City, State, Zip	Erwin NC
Telephone	910-885-2340	Telephone	919-593-2959
Email		Email	

Address of Proposed Property	608 N 15th Street Erwin NC		
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.	Memorial		
Description of any proposed improvements to the building or property			
What was the Previous Use of the subject property?	Home		
Does the Property Access DOT road?			
Number of dwelling/structures on the property already		Property/Parcel size	1600 sq
Floodplain SFHA <u>Yes</u> <u>No</u>	Watershed <u>Yes</u> <u>No</u>	Wetlands <u>Yes</u> <u>No</u>	
<b>MUST</b> 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.

Tommy Cole	<i>[Signature]</i>	4/18/24
Print Name	Signature of Owner or Representative	Date

**For Office Use**

Zoning District	M-6	Existing Nonconforming Uses or Features	NA
Front Yard Setback	25 ft	Other Permits Required	<input type="checkbox"/> Conditional Use <input checked="" type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input 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	25 ft	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		Fee Paid: <input type="checkbox"/>	Date Paid: NA
			Staff Initials: DME

Comments	Trades from HC, NO changes in sqft
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Signature of Town Representative:	<i>[Signature]</i>	Date Approved/Denied: 4/18/24
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