



Town of Erwin
Zoning Application & Permit
 Planning & Inspections Department

Permit #

Rev Sep 2014

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	DEBORAH H. McCLAMB	Property Owner	R. L. HAMILTON
Home Address	474 HOMERS LANE	Home Address	770 MEADE ROAD
City, State, Zip	DUNN, N.C. 28334	City, State, Zip	DUNN, N.C. 28334
Telephone	910-892-5369	Telephone	910-892-3395
Email	deborahmclamb@gmail.com	Email	NONE

Address of Proposed Property	HAMILTON MOBILE HOME PARK		
Parcel Identification Number(s) (PIN)		Estimated Project Cost	N/A
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	SET UP MOBILE HOME ON EXISTING LOT		
Description of any proposed improvements to the building or property	N/A		
What was the Previous Use of the subject property?			
Does the Property Access DOT road?	YES - NC HWY 82		
Number of dwelling/structures on the property already	NONE	Property/Parcel size	
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

PAID

MAY 02 2016

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the foregoing 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.

TOWN OF ERWIN

Handwritten signature/initials

Deborah H. McClamb	Deborah H. McClamb	4-29-16
Print Name	Signature of Owner or Representative	Date

For Office Use

Zoning District		Existing Nonconforming Uses or Features	
Front Yard Setback		Other Permits Required	Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Side Yard Setback		Requires Town Zoning Inspection(s)	Foundation <input checked="" type="checkbox"/> Prior to C. of O.
Rear Yard Setback		Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		Fee Paid: 1000	Date Paid: 5/2/16
			Staff Initials: JB

Comments	
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Signature of Town Representative: <i>[Signature]</i>	Date Approved/Denied: 5-2-16
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HARNETT COUNTY CASH RECEIPTS***** CUSTOMER RECEIPT *****

Oper: JFORBES Type: CP Drawer: 1

Date: 5/02/16 51 Receipt no: 327757

Year	Number	Amount
2016	50038610	
92941 TECH 4		
LILLINGTON, NC 27546		
B4	BP - ENV HEALTH FEES	\$100.00

EXISTING TANK

H THOMAS MCCLAMB

Tender detail		
CK CHECK PAYMEN	7073	\$100.00
Total tendered		\$100.00
Total payment		\$100.00

Trans date: 5/02/16 Time: 16:36:34

**** THANK YOU FOR YOUR PAYMENT ****

Application for Manufactured Home Set-Up Permit
(Please fill out each part completely)

Part I - Owner Information:

Home Owner Information (To be completed by owner of the manufactured home)

Name: KATRINA Cutchins Address: 178 OAKtree Lane #17
City: Dunn State: NC Zip: 28334 Daytime Phone: (910) 703-3801

Landowner Information (To be completed by landowner, if different than above)

Name: Deborah McLamb Address: 474 Homers Lane
City: Dunn State: NC Zip: 28334 Daytime Phone: 910 5369

Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable.)

Name, address, & phone must match information on license

- A. **Set-Up Contractor** Company Name: B J mobile home moves
Phone: _____ Address: 2915 Spring Branch Rd
City: Dunn State: NC Zip: 28334
State Lic# 3076 Email: _____
- B. **Electrical Contractor** Company Name: one time electric
Phone: 919-669-7209 Address: _____
City: Coats State: NC Zip: 27521
State Lic# 28249 Email: _____
- C. **Mechanical Contractor** Company Name: Owner
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____
- D. **Plumbing Contractor** Company Name: Owner
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____

910-308-3109 cell

Part III - Manufactured Home Information

Model Year: 1998 Size: 14 x 70 Complete & follow zoning criteria sheet

Park Name: HAMILTON MHP Lot Number: #17

I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf, and that the construction or installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning Ordinance. I understand that if any item is incorrect or false information has been provided that this permit could be revoked.

Katrina Cutchins
Signature of Home Owner or Agent

5-26-16
Date

*Effective July 1, 2004, a County Tax Department Moving Permit must be provided before a Set Up Permit will be issued. It is purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the Form 500 and if available, the serial number.
List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.



MOBILE HOME MOVING PERMIT

No. 5787 P. 1 Jul. 7. 2016 2:34PM Office Value Inc.

COUNTY OF HARNETT
STATE OF NORTH CAROLINA

PERMIT NUMBER 1882
Date 5-24-2016

Permission is granted to:

KATRINA CATCHINS 1220 W. PEARSON ST. DUNN, NC 28334
Owner Address

By Mobile Home Movers 2915 Spring Branch Rd. DUNN NC 28334
Carrier Address

1998 CEOA 14x70 80140651K
Make Model Size Serial Number

3719 Fairy Round Rd Dunn, NC 28334
From: Address

178 Oak Grove Lane Off #17 Dunn, NC 28334
To: Address

This permit is issued in accordance with the provisions of G.S. 105-316.1 through G.S. 105-316.8 of the general Statutes of North Carolina.

This permit shall be conspicuously displayed near the license tag on the rear of the mobile home at all times during its transportation.

THIS PERMIT VALID FOR THIS MOVE ONLY.

P. Bayfoot
County/City Tax Collector
Jae Hagan Assis. Tax

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number	16-50038610	Date	7/07/16
Property Address	178 OAKTREE LN		
PARCEL NUMBER	06-0596- - -0135- - -		
Application type description	CP MANUFACTURED HOMES		
Subdivision Name	NANCY GODWIN ESTATE		
Property Zoning	RES/AGRI DIST - RA-40		

Owner

MCLAMB DEBORAH H & HARVEY T
 474 HOMERS LANE
 DUNN NC 28334

Contractor

B J'S MOBILE HOME MOVERS
 2915 SPRING BRANCH ROAD
 DUNN NC 28334
 (910) 892-7972

Applicant

MCCLAMB DEBORAH AND HARVEY
 474 HOMERS LANE
 DUNN NC 28334
 (910) 892-5369

--- Structure Information 000 000 SWMH 14X70 3BDR

Flood Zone	FLOOD ZONE X	
Other struct info	# BEDROOMS	3.00
	MOBILE HOME YEAR	1996.00
	PROPOSED USE	SWMH
	SEPTIC - EXISTING?	EXISTING
	WATER SUPPLY	COUNTY

Permit MANUFACTURED HOME PERMIT

Additional desc			
Phone Access Code	1147842		
Issue Date	7/07/16	Valuation	0
Expiration Date	7/07/17		

Special Notes and Comments

T/S: 05/02/2016 04:33 PM JFORBES ---
 HAMILTON MHP LOT 178

HARNETT COUNTY CENTRAL PERMITTING

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Permit	MANUFACTURED HOME PERMIT		
Additional desc			
Phone Access Code	1147842		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	___/___/___
20	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
20	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30	507	T507	R*MANUFACTURED HOME FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
999	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___