8/15/17 TOWN OF ERWIN
Initial Application Date: THE Application # 1/0091000 K
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.tramett.org/permits
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"
LANDOWNER: Judy Mae Price Mailing Address: PDB 2(0) DATE
City: FrWIA State: NC Zip: 28339 Contact No: Email:
APPLICANT: Darren Hughes Mailing Address: 42 Glenwood LA
City: Dunn State: NC zip: 1833 Contact No: 919 820 2459 Email: darren & counn.com
CONTACT NAME APPLYING IN OFFICE: DATTER Hughes Phone # 919 820 2459
PROPERTY LOCATION: Subdivision: River Crest Lot # 5 Lot Size: , 810
State Road # 15 State Road Name: Pump Station Good Map Book & Page: 99-43/
Parcel: 060597 0035 14 PIN: 0587-98-8711-000
Zoning: ERWI Flood Zone: Watershed: Deed Book & Page: 00 996/0725 Power Company*: Duke ?
New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:
SFD: (Size 1 x 13) # Bedrooms: 4 # Baths: 3 Basement(w/wo bath): 0 Garage: 1 Deck: 1 Crawl Space: 1 Slab: Sl
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame (Is the second floor finished? () yes () no Any other site built additions? () yes () no
Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:

Home Occupation: # Rooms: Use: Hours of Operation: ____ ___ #Employees:_ ______Closets in addition? (___) yes (___) no Addition/Accessory/Other. (Size ____x___) Use._____ County _____ Existing Well _____ New Well (# of dwellings using well _______) *Must have operable water before final Sewage Supply: ____ New Septic Tank (Complete Checklist) ____ Existing Septic Tank (Complete Checklist) ____ County Sewer Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? (__) yes $(\sqrt{})$ no Does the property contain any easements whether underground or overhead (___) yes __ (___) no _____ Other (specify):_ Structures (existing or proposed): Single family dwellings:____ _____ Manufactured Homes:____ Required Residential Property Line Setbacks: Front Rear Closest Side Sidestreet/comer lot_ Nearest Building on same lot 03:11 Residential Land Use Application Page 1 of z APPLICATION CONTINUES ON BACK

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _	<u>421 S</u>	toward	DUM	•	
	Right a	MA S	itage R	d (nest	Aireart)
	Right or		Station	Bd.	
		<i>T</i>	•		
					
	V				
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f permits are granted I agree to conform to all ordinances and laws of the hereby state that foregoing statements are accurate and correct to the	te State of North C	arolina regulatin	g such work a fect to revocat	nd the specification if false infor	tions of plans submitted.
	/	7	2017	aon in raiso in ion	nation is provided.
Signature of Owner or Owner's Ager	nt		Date		

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

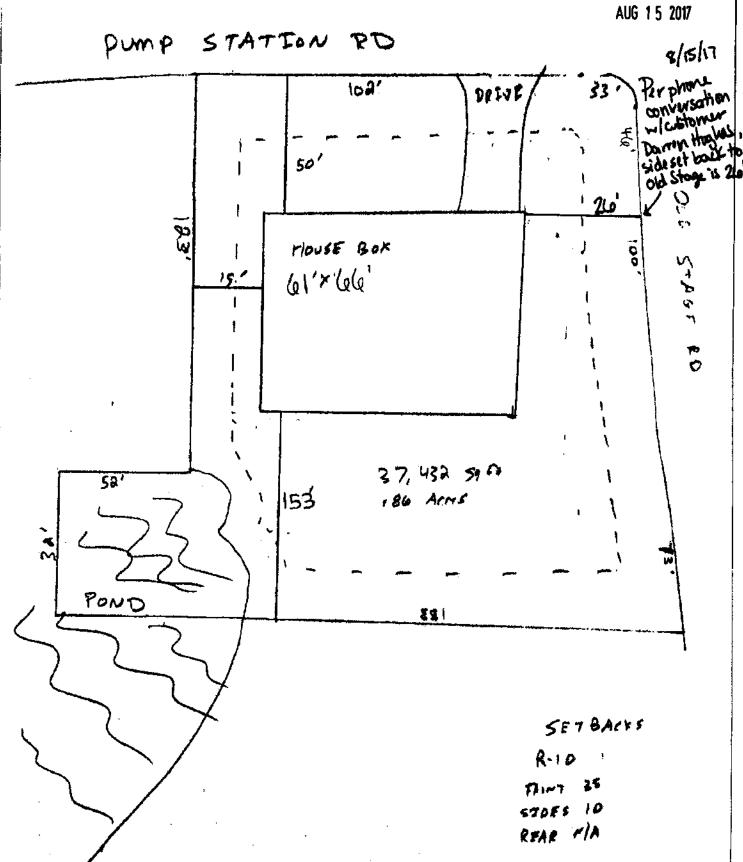
This application expires 6 months from the initial date if permits have not been issued

NAME:	APPLICATION #:
County Health Do IF THE INFORMATION IN PERMIT OR AUTHORIZA depending upon documentati 910-893-7525 o Environmental He All property Ir lines must be c Place "orange if out buildings, s Place orange E If property is the evaluation to be All lots to be a for failure to u After preparing 800 (after select confirmation nu Use Click2Gov Environmental He Follow above in Prepare for ins possible) and th DO NOT LEAVE After uncovering if multiple perm given at end of	*This application to be filled out when applying for a septic system inspection.* *partment Application for Improvement Permit and/or Authorization to Construct THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT TION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration ion submitted. (Complete site plan = 60 months; Complete plat = without expiration) option 1 CONFIRMATION # C
SEPTIC If applying for authorization	n to construct please indicate desired system type(s): can be ranked in order of presence, must choose one.
-	{} Innovative () Any
	{}} Other
The applicant shall notify question. If the answer is	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
$\{_\}$ YES $\{_\}$ NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES {_\darksymbol{\day}\darksymbol{\darksymbol{\darksymbol{\darksymbol{\darksymbol{\da	Do you plan to have an <u>irrigation system</u> now or in the future?
$\{_\}$ YES $\{\cancel{\bot}\}$ NO	Does or will the building contain any drains? Please explain.
YES NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{_}}YES { √} NO	Is any wastewater going to be generated on the site other than domestic sewage?
(_)YES (_/YNO	Is the site subject to approval by any other Public Agency?
{_}}YES {_//NO	Are there any Easements or Right of Ways on this property?
{_}}YES {_\darksymbol{}} NO	Does the site contain any existing water, cable, phone or underground electric lines?
	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS VEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

SCANNED



10wn of Erwin

Zoning Application & Permit

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erunt	#

Rev Sep2014

Planning & Inspections Department

shape, existing and propose	submitted with an attache	ed plot/site plan with the	proposed use/structure showing lot wes and front, rear, and side yard
dimensions.	ed buildings, parking and	loading areas, access drive	proposed use/structure showing lot
Name of Applicant	arlen Hushes		ob and front, rear, and side yard
Home Address	CI PIUSIE	Property Owner	
Cir. Ci	<u> </u>	RO Home Add	
	un, ve 283)	7 City, State, Zip	
7/9	1. 8ds. 2459 ==	Telephone	
100	11en es c be dunn.	Email	17
Audress of Proposed Proper	tv	···-	
Parcel Identification Number		estaron RD	
What is the applicant regues	4	187 93 Estimate	d Project Cost
the proposed use of the subje	ing to build / what is	APPIN 12	primit for a conse affice will us 4
Description of any analysis	et property? Be specific.	Septis time a	Minit Kor a
Description of any proposed imp to the building or property	rovements	7 67 7	one affice will usty
What was the Previous Lies of	I Alba — II I	 -	
		Valant	151
Number of dwelling/structure	I TORDY	yes	
Floodplain SFHA Yes	on the property already	O Property	Parcel size
MUST circle one that applies to pr		No Western	
site that applies to pi	TODOSer	Sontia Cont	No
		County/City Sauce	ſ
The undersigned property	caaarphicant M	net Deed 1 or	
answers, statements, and other infor-	A THE PARTY OF THE	ecolotica de la	
The undersigned property owner, or answers, statements, and other infor- and belief. The undersigning party u	mation herewith submitted at	re in all respects true and or	rat this application and the forgoing
application lines !	Trial arith Michigan	ter formanda	The die best of their thought
IPPUIAtiona and LL	A THE OF STREET STREET, MANUAL PROPERTY.	0.00mm	y with the revolution of this
regulations, and the laws of the State The undersigning party authorizes th to this application as approved.	e Town of Erwin to review th	such work and to the speci	fications of plans herein sub-
to this application as approved.		is request and conduct a sit	e inspection to ensure compliance
1 			
Print Name	Signature of Owner or F		7/25/17
For Office Use	A - ware of Consist Of I	Cepresentative	Date
Zoning District R 10	Dulatin N		
Front rard Setback	Existing Nonconforming	Uses or Features	
351	Concrete Chillian Recitions		ilding Fire Marshal XVII
Side Yard Setback	Requires Town Zoning Is Zoning Permit Status	repection(s) Founds	
Rear Yard Setback	Box Detail (177)	Approved De	nied Prior to C. of O.
Comments will by all			ff Initials:
Will hajid	a spo once		
ignature of T		? The SEPTIC +	unk is approved
ignature of Town Representative:	man Brake	Te/	
	you brule	Date Approved/	Prod: A TUD JUST
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