



Town of Erwin
Zoning Application & Permit
Planning & Inspections Department

Permit #

Rev Jan2013

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	Michael and Son Services	Property Owner	Missy Mclean
Home Address	4001 Atlantic Ave	Home Address	608 N. 16th St
City, State, Zip	Raleigh NC 27604	City, State, Zip	Erwin NC 28339
Telephone	919-390-1094	Telephone	910-853-4633
Email	Carolyn.Bell@michaelservices.com	Email	

Address of Proposed Property	608 N. 16th St Erwin NC 28339		
Parcel Identification Number(s) (PIN)	0557-36-1912	Estimated Project Cost	\$5,046.23
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	meter base change + meter panel breaker restoration		
Description of any proposed improvements to the building or property			
What was the Previous Use of the subject property?	Add (P)identifi		
Does the Property Access DOT road?	NO		
Number of dwelling / structures on the property already	2		
Property / Parcel Size	- 43		
MUST circle one that applies to property	Existing/Proposed Septic System	Or	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.

Print Name	Signature of Owner or Representative	Date
Carolyn Bell	Carolyn Bell	10/19/18

For Office Use

Zoning District	R6	Existing Nonconforming Uses or Features	
Front Yard Setback	25'	Other Permits Required	Conditional Use Building Fire Marshal Other
Side Yard Setback	5'	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
Rear Yard Setback	25'	Fee Paid:	Date Paid: Staff Initials:

Comments	NO improvements - electrical upgrade
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Signature of Town Representative:	Date Approved/Denied:
[Signature]	10/19/18

* Not in Flood Zone, wet lands or watershed