

## Town of Erwin Zoning Application & Permit

Rev Sep2014

Planning & Inspections Department

Each application should shape, existing and pro-								
dimensions.				-	_			
Name of Applicant	John Surafik			Property Owner		John Suralit	John Suralik	
Home Address	4114 Azeka Dr.			Home Address		4114 Azaler Dr.		
City, State, Zip	Marchael City NC 25557			City, State, Zip		Morehad C.L. NC, 2887 (252) 946-2700		
Telephone	(252) 9/6-2700			Telephone		(252) 94	(252) 94-2700	
Email	John. Snalik a gmarl. con			Email		John. Sur	John. Suralik@gmail.com	
Parcel Identification Number(s) (PIN) 0596-69-3229.000 Estimated Project Cost								
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific. Terned on again. (Reconnection)								
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			7	/	Prop	perty/Parcel size	122 + .68	
Floodplain SFHAYes \( No \) WatershedYes \( No \) WetlandsYes \( No \)								
MUST circle one that applies to property Existing Proposed Septic System Or								
Existing/Proposed County/City Sewer								
The undersigned proper answers, statements, and and belief. The undersig application. Upon issuar regulations, and the laws The undersigning party to this application as app	other information of the control of this permins of the State of Nauthorizes the Total	on herewith submitted restands that any incornal t, the undersigning particular to the Carolina regulation	presenta d are in rrect info arty agra ting suc	ative ther all respe ormation ees to cor th work a	eof cert cts true submit nform to nd to th	ifies that this appli and correct to the ted may result in to all applicable tow ne specifications of	best of their knowledge the revocation of this on ordinances, zoning plans herein submitted.	
John Suralk  Print Name  Signature of Owner or Representative  Date								
Print Name		Signapure of Own	c. o. Rej	resentativ		Date		
Zoning District   Existing Nonconforming Uses or Features								
Zoning District Existing Nonconforms Front Yard Setback Other Permits Require								
		Requires Town Zoning Inspection(s				Prior to C. of O.		
Side Yard Setback		Zoning Permit Statu			proved			
Rear Yard Setback		Fee Paid: Date Paid:			P	Staff Initials:		
Comments								
Signature of Town Representative:					Date	Date Approved/Denied:		