

Name of Applicant

Home Address

## Town of Erwin Zoning Application & Permit

| Permit # |
|----------|
|          |
|          |

Della Stewart

300

Planning & Inspections Department

Home Address

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.

Indoor Confort Systemsus Property Owner

| City, State, Zip                                  | Coats. 1   | UC 27501,   | City, State,                      | State, Zip Envin NC 28339 |                     | NC 28339                                       |
|---|--|---|-----------------------------------|---------------------------|---------------------|--|
| Telephone   | ,  | 97-1853   | Telephone                         |                           | 910.897-8850        |  |
| Email   |  | orteystoms a yahoo Email                            |                                   |                           |                     |  |
| Address of Proposed                               | The state of the s | 106 E. C  | 54 904                            | , ln                      |                     |  |
| ALC: NO.  | -  | IN) 0597-70   |                                   |                           | ed Project Cost     | 1-0000   |
| What is the applican                              |  |   |                                   |                           |                     | 01000  |
| the proposed use of                               |  | operty? Be specific.                                | no chan                           | so to                     | Size de             | the or   |
| Description of any pro<br>to the building or prop | •  | ments   | replace                           | -                         |                     |  |
| What was the Previo                               |  |   | Resid                             |                           |                     |  |
| Does the Property A                               |  |   | 1 = 0,0                           |                           |                     |  |
| Number of dwelling                                | structures on  | the property already                                | 2                                 | Proper                    | rty/Parcel size     | .37  |
| Floodplain SFHA                                   | Yes XNo  | WatershedYes _                                      | No Wetla                          |                           |                     |  |
| MUST circle one that a                            |  |   |                                   |                           | Or                  |  |
|   |  | Existing/Proposed                                   |                                   |                           |                     |  |
| he undersigning party<br>this application as ap   | authorizes the   | North Carolina regulatin<br>Fown of Erwin to review | g such work ar<br>this request an | nd to the s               | t a site inspection | plans herein submitted<br>to ensure compliance |
| Print Name Signature of Owner of                  |  |   |                                   |                           |                     |  |
| or Office Use                                     |  | 0   | •                                 |                           | F. 20               |  |
| Zoning District                                   | R-12   | Existing Nonconformi                                | ng Uses or Fea                    | tures                     | ***                 |  |
| Front Yard Setback                                |  | Other Permits Require                               | _                                 |                           | e Building          | Fire Marshal Other                             |
|   |  | Requires Town Zonin                                 |                                   |                           | -                   | Prior to C. of O.                              |
| Side Yard Setback                                 |  | Zoning Permit Status                                |                                   | proved                    | Denied              |  |
| Rear Yard Setback                                 |  | Fee Paid: —   | Date Paid: _                      |                           | Staff Initial       | s:   |
| Comments  | Change   | to how -  | Tw+ Pri                           | n+                        |                     |  |
| Signature of Town Rep                             | resentative:   | Snow Bouch  |                                   | Date Ap                   | proved/Denied:      | 2/2/22)  |
| Please  |  | 1000  |                                   |                           |                     | 4//  |