



Town of Erwin  
**Zoning Application & Permit**  
 Planning & Inspections Department

Permit #  
**24-0117**

Rev Sep2014

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	<i>CHARLES WALKER</i>	Property Owner	<i>TONY AND KATHY WEAVER</i>
Home Address	<i>94 GRAHAM POND ROAD</i>	Home Address	<i>101 MULBERRY LANE</i>
City, State, Zip	<i>ANDER NC 27501</i>	City, State, Zip	<i>DUNN NC 28334</i>
Telephone	<i>919-208-3525</i>	Telephone	<i>919-723-1281</i>
Email	<i>walkerkvaenc@yahoo.com</i>	Email	<i>caw1389@gmail.com</i>

Address of Proposed Property		
Parcel Identification Number(s) (PIN)		Estimated Project Cost <i>\$12,500.00</i>
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	<i>INSTALL 3 TON H/J SEGR 2 HEAT PUMP PACKAGE UNIT WITH ALL NEW DUCTWORK</i>	
Description of any proposed improvements to the building or property	<i>SYSTEM AND DUCTWORK</i>	
What was the Previous Use of the subject property?		
Does the Property Access DOT road?		
Number of dwelling/structures on the property already		Property/Parcel size
Floodplain SFHA <input type="checkbox"/> Yes <input type="checkbox"/> No	Watershed <input type="checkbox"/> Yes <input type="checkbox"/> No	Wetlands <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>MUST</u> 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.

<i>CHARLES WALKER</i>		<i>2/12/2024</i>
Print Name	Signature of Owner or Representative	Date

**For Office Use**

Zoning District	<i>M-10</i>	Existing Nonconforming Uses or Features	<i>NA</i>
Front Yard Setback	<i>NA</i>	Other Permits Required	<input type="checkbox"/> Conditional Use <input checked="" type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input checked="" type="checkbox"/> Other
Side Yard Setback	<i>↓</i>	Requires Town Zoning Inspection(s)	<input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.
Rear Yard Setback		Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		Fee Paid: <i>NA</i>	Date Paid: Staff Initials:

Comments	<i>Install new H/JC system, additional permit from HC</i>
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Signature of Town Representative:	Date Approved/Denied: <i>2/13/24</i>
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### Harnett County Central Permitting

420 McKinney Pkwy / PO Box 65 Lillington, NC 27546 – centralpermitting@harnett.org  
Ph.: 910-893-7525 - Fax: 910-893-2793 / www.harnett.org/permits

#### Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure: TONY AND KATHY WEAVER Phone: 919-723-1281

Owner (s) Mailing Address: 101 MULBERRY LANE  
DUNN NC 28334

Land Owner Name (s): TONY AND KATHY WEAVER Phone: 919-723-1281

Construction or Site Address: 101 MULBERRY LANE DUNN NC 28334

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost (Required): \$12,500.00 Description of Work to be done INSTALL 3 TON 14.3 SEER 2  
HEAT PUMP PACKAGE UNIT AND ALL NEW DUCTWORK

Mechanical: New Unit With Ductwork  New Unit Without Ductwork \_\_\_ Gas Piping \_\_\_ Other \_\_\_

Electrical\*: 200 Amp \_\_\_ <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other \_\_\_  
\* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap \_\_\_ Number of Baths \_\_\_ Water Heater \_\_\_

Specific Directions to Job from Lillington:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I WALKER HVAC will provide the MECHANICAL labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 17255, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

WALKER HVAC  
Contractor's Company Name

94 GRAHAM POND ROAD ANLIER NC 27501  
Address

17255  
License #

919-208-3525  
Telephone

walkervhvac@yahoo.com  
Email Address

Structure Owner / Contractor Signature: \_\_\_\_\_ Date: 2/14/2024

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work

**\*Company name, address, & phone must match information on license**

**Faxed or Mailed application could have an approximately 1-5 day process time**