

## Town of Erwin Zoning Application & Permit

Permit #

Planning & Inspections Department

Name of Applicant	Habitat for	Property Owner		Hasitas	Por Human H	
Home Address	f.o. Box o	Home Address		PO BOX 2157		
City, State, Zip	DUNN,	City, State, Zip		Dunn NC 28335		
Telephone	919-669-2220			ne		
Email mblackmon 1958 @ grade			Email			
Address of Proposed				15115	TOTET	
Parcel Identification	Number(s) (PIN	0597-71-	DATA	Estima	ted Project Cost	80,000.00
What is the applican		mild / what is			2 14 = 5	80,000.00
the proposed use of	the subject prop	erty? Be specific.	Ve-	STICK	anily SF	D
Description of any prop to the building or prop	posed improveme erty	ints Building	a 1	iew si	90	
What was the Previo	us Use of the su	bject property?	vacent			
Does the Property A	M					
Number of dwelling	O Prope		rty/Parcel size	. 48		
Floodplain SFHA _	Yes No V	VatershedYes 🗴		-	Yes XNo	. 10
			ed Septic System Or			
many there one man			-			
nagy there one that a		Existing/Proposed	County/C	ity Sewer		
		Owner/Applicant M	ust Read a	nd Sign		
he undersigned proper	ty owner, or duly	Owner/Applicant Mauthorized agent/repre	ust Read a	nd Sign	es that this applicat	ion and the forgoing
he undersigned proper	ty owner, or duly other information	Owner/Applicant M authorized agent/repre in herewith submitted a	ust Read a sentative the	nd Sign ereof certifi	nd correct to the hos	t of their lengualed
he undersigned proper nswers, statements, and nd belief. The undersig	ty owner, or duly lother information ning party under	Owner/Applicant Manufacture authorized agent/represent herewith submitted a stands that any incorrest	ust Read a sentative the re in all respect information	nd Sign ereof certifi ects true as	nd correct to the bes	t of their knowledge
he undersigned proper nswers, statements, and nd belief. The undersig pplication. Upon issuar	ty owner, or duly tother information ning party under noe of this permit,	Owner/Applicant M authorized agent/repre in herewith submitted a stands that any incorrect the undersigning parts	sentative the re in all respect information	nd Sign ereof certificects true as n submitte	nd correct to the best d may result in the	t of their knowledge revocation of this
The undersigned proper inswers, statements, and ind belief. The undersigned pplication. Upon issuaregulations, and the laws the undersigning party and the applications of the undersigning party and the undersig	ty owner, or duly tother information ning party under nice of this permit, to of the State of No	Owner/Applicant M authorized agent/repre- n herewith submitted a stands that any incorrec- the undersigning party orth Carolina regulating	sentative the re in all respect information agrees to construct the respect to th	ereof certificects true as a submittee onform to a and to the	nd correct to the best d may result in the ll applicable town of specifications of pla	t of their knowledge revocation of this ordinances, zoning

Print Name Signature of Owner or Representative For Office Use **Zoning District** Existing Nonconforming Uses or Features Vacant las None 1 Front Yard Setback Other Permits Required Conditional Use \_Building \_Fire Marshal \_Other Requires Town Zoning Inspection(s) X Foundation Prior to C. of O. Side Yard Setback **Zoning Permit Status** Rear Yard Setback Fee Paid: (00,00 Date Paid: Staff Initials: Comments Permits new Signature of Town Representative: Date Approved Denied: 2019 5/14/19