Rev Sep2014

Town of Erwin
Zoning Application & Permit
Planning & Inspections Department

Permit #

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	SRT Managing Properties	Property Owner	Same as Applicant
Home Address	306 S Wall St.	Home Address	
City, State, Zip	Benson, NC 27504	City, State, Zip	
Telephone	919-980-2009	Telephone	
Email	jrtmanagingproperties@gmail.com	Email	

Address of Proposed Property	Lot 1C		
Parcel Identification Number(s) (PIN)	0597-50-2467	Estimated Project Cost	150,000
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	Single Family Dwelling (detached)		
Description of any proposed improvements to the building or property	N/A		
What was the Previous Use of the subject property?	residential		
Does the Property Access DOT road?	yes		
Number of dwelling/structures on the property already	0	Property/Parcel size	.27 acre
Floodplain SFHA ___Yes X No	**Watershed** ___Yes X No	**Wetlands** ___Yes X No	
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.

Reid Johnson		
Print Name	Signature of Owner or Representative	Date

For Office Use

Zoning District	
Front Yard Setback	
Side Yard Setback	
Rear Yard Setback	

Existing Nonconforming Uses or Features		
Other Permits Required	___Conditional Use ___Building ___Fire Marshal ___Other	
Requires Town Zoning Inspection(s)	**___Foundation ___Prior to C. of O.**	
Zoning Permit Status	___Approved ___Denied	
Fee Paid:	Date Paid:	Staff Initials:

Comments	
Signature of Town Representative:	Date Approved/Denied: