



# Town of Erwin

## Zoning Application & Permit

Planning & Inspections Department

26-077

Permit #

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	Property Owner
Home Address	Home Address
City, State, Zip	City, State, Zip
Telephone	Telephone
Email	Email

Address of Proposed Property		Parcel Identification Number(s) (PIN)		Estimated Project Cost	
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.					
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		Property/Parcel size			
Floodplain SFHA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Watershed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Wetlands <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Print Name	Signature of Owner or Representative	Date
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### For Office Use

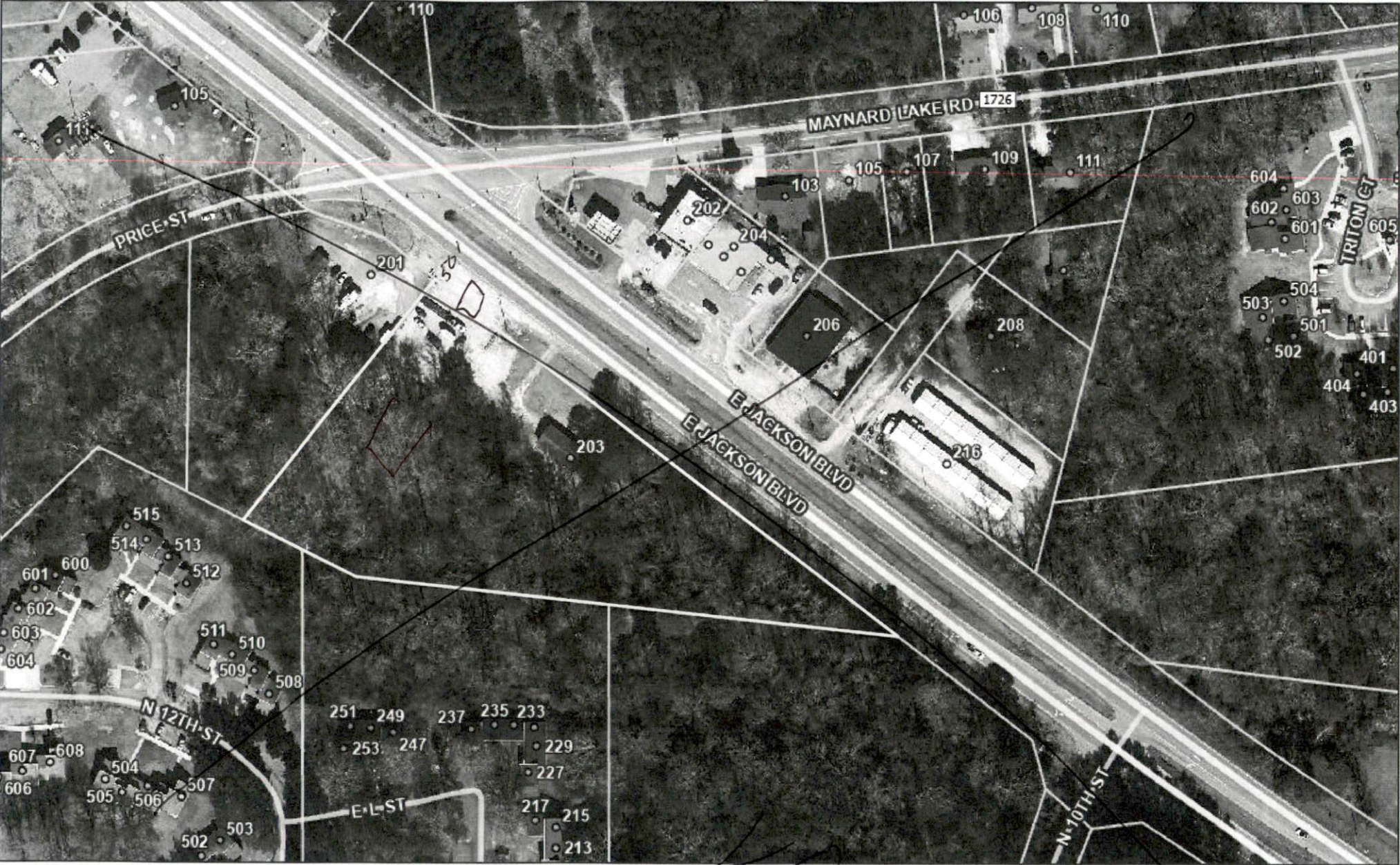
Zoning District	Existing Nonconforming Uses or Features
Front Yard Setback	Other Permits Required <input type="checkbox"/> Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input checked="" type="checkbox"/> Other
Side Yard Setback	Requires Town Zoning Inspection(s) <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: <input type="checkbox"/> Date Paid: <input type="checkbox"/> Staff Initials: <input type="checkbox"/>

Comments	
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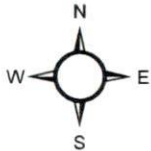
Signature of Town Representative:	Date Approved/Denied:
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→ obtain pipe permits from Harnett County  
910-843-7525





- County Boundary
- City Limits
- Address Numbers
- Road Centerlines
- US
- Parcels







VOID