



# Town of Erwin

## Zoning Application & Permit

Planning & Inspections Department

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 type="checkbox"/> No	Watershed <input type="checkbox"/> Yes <input type="checkbox"/> No Wetlands <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MUST</b> circle one that applies to property	Existing/Proposed Septic System <input type="checkbox"/> Or Existing/Proposed County/City Sewer <input type="checkbox"/>

**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

**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 type="checkbox"/> Other
Side Yard Setback	<b>Requires Town Zoning Inspection(s)</b>	<input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.
Rear Yard Setback	Zoning Permit Status	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Fee Paid:	Date Paid: Staff Initials:

Comments	
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Signature of Town Representative:	Date Approved/Denied:
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