



TOWN OF COATS

ZONING PERMIT APPLICATION

NOTE: Attach a site plan that includes property lines (front, side, and rear), location of proposed structures (including driveways, decks, etc.), and existing structures. This plan should be drawn to scale. This permit along with plans shall be submitted to the Harnett County Building Inspections Department.

Permit No.: 3-5-19-1 Date: 3/5/19 Fee: \$50.00

Parcel ID*: 07069016210006 Area Zoned As: MUV

APPLICANT:**PROPERTY OWNER:**

Name (Print) Judy Parrish

Name Same

Address 662 Crawford Rd

Address 24 E Main St.

City, State Coats NC

City, State Coats NC

Zip Code 27521

Zip Code 27521

Phone # 919-820-1878 (Josh) 919-820-1892 Judy

Phone # 919-820-1878

Location of Property: IN-TOWN ETJ ETJ (contiguous)

Present Use of Property: Vacant

PROPOSED USE OF PROPERTY:

- Single Family Dwelling: # Rooms: _____ # Bedrooms: _____ Square Feet: _____
- Multi Family Dwelling: # of Units: _____ #Bedrooms (per unit): _____ Square Feet (per unit) _____
- Mobile Home (single lot): Single wide: _____ Double Wide: _____
- Mobile Home Park: Section 16, Zoning Ordinance must apply
- Business: Total # of employees per day _____ Type of business _____
- Others (specify): _____

Existing structure: Renovate: Addition: Demolish:

WATER AND SEWER SUPPLY:

Water: Private Public Proposed Existing
 Sewer: Private Public Proposed Existing

Applicant: I certify that all of the information presented in this application is true, complete, and accurate to the best of my knowledge. False information is grounds for rejection of the application.

Signature: Judy Parrish

Date: 3-5-2019

ZONING ADMINISTRATOR USE ONLY

Notes: _____

APPROVED

Approved:

Denied:

Zoning Administrator: Mark Holan

Date: 3/5/19

TOWN OF COATS ZONING
VALID FOR 12 MONTHS

THIS PERMIT IS VALID FOR 12 MONTHS