

decks, etc.), and exi	ting structures. This plan should be drawn t	o scale. This permit along with plans shall be submitted to the
	ding Inspections Department.	z \$500
	23-22-1 Date: 6/23/22	
Parcel ID*:	7069016980009	Area Zoned As: C - 3
	APPLICANT:	PROPERTY OWNER:
Name (Print)	Robert Barefoot	Name T+L Coats LLC
	NC Hwy 27 East	Address 165 Sommerville Park Rd.
City, State C	ats, NC	City, State Raleigh, NC
Zip Code 27		Zip Code 27603
Phone # (90	0) 890 - 3256	Phone # (910) 890-3256
Location of Prop	erty: IN-TOWN	ETJ (contiguous)
Present Use of Pr	operty: Mini Storage / Naca	nt
	OF PROPERTY:	
[ ] Single Family [ ] Multi Family [ ] Mobile Home [ ] Mobile Home [ ✓ Business: [ ] Others (specif	welling: # of Units:#  (single lot): Single wide:  Park: Section 16, Zoning Ordin  Total # of employees po	Bedrooms (per unit): Square Feet (per unit)  Double Wide:  nance must apply
[ ] Existing struct WATER AND S	ure: Renovate:	Addition: Demolish:
	Water: [ ] Private [ Sewer: [ ] Private [ ]	Public [ ] Proposed [ ]Existing 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:	al Bl, Monder-1	Date: 6-23-2022
	ZONING ADMIN	ISTRATOR USE ONLY
Notes: Master	Site Plan Approved 2019, P	oblic Utilities already approved TOWN OF COATS ZONING
for Phase 2	: Commercial Buildings 1+2	and fristalled.
	Approved: [\sqrt{]}	Denied: []
Zoning Adminis	trator: Week How	Date: \[ \begin{align*} \begin{align*} \text{TOWN OF COATS ZONING} \\ \text{TOWN OF COATS ZONING} \\ \text{VALID FOR 12 MONTHS} \\ \text{Dot approve} \\ \text{Date:} \[ \begin{align*} \begin{align*} \begin{align*} \text{TOWN OF COATS ZONING} \\ \text{VALID FOR 12 MONTHS} \\ \text{Dot approve} \\ \text{Date:} \[ \begin{align*} \begin{align*} \begin{align*} \begin{align*} \text{TOWN OF COATS ZONING} \\ \text{VALID FOR 12 MONTHS} \\ \text{Dot approve} \\ \text{Date:} \[ \begin{align*} \begin{align*} \begin{align*} \begin{align*} \text{TOWN OF COATS ZONING} \\ \text{VALID FOR 12 MONTHS} \\ \text{Dot approve} \\ \text{Dot approve} \\ \text{Dot approve} \\ \text{Date:} \[ \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \text{DOT approve} \\ \text{Date:} \] \[ \begin{align*} ali
	THIS PERMIT IS V	ALID FOR 12 MONTHS
	Post Office Box 675 • Coats, North Carolina 27521	

(910) 897-5183 voice • (910) 897-2662 fax