*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # _____

Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

	ame: T+ L Coats, LLC	Date: <u>1-11-202</u> 3
Site Addre	ss: 320 E. Stewart St. , Coats, M.	2752\ Phone: <u>(910)890-32</u> 54
	to job site from Lillington: <u> </u>	
Benson	site will be on the right. Enter	next to University Storage
at 31	D. N. Orange St., Coats, NC	
1	1: MALES COMPANY TO THE RESIDENCE OF THE PARTY OF THE PAR	
Description	of Proposed Work: upfit construction for unit	320 E. Stewarts L.
Heated SF	Unheated SFBuilding Cost \$	11,115
Building C	phractor's Company Name	(910) 890 - 3454 Telephone
	x 1411, Coats, NC 27521	<u>wrbarcfout e yahoo.com</u> Email Address
Bre	r R BL	81627
Signature	of Owner/Contractor/Officer(s) of Corporation <u>Electrical Contractor Information:</u> Electrical Cost	License # \$
. 1	of Work installation of electrical systemice Size:	_
	Telectric and Power Contractor's Company Name	<u>(919) (32 - 6963</u> Telephone
1	Normandy Drive , Clayton , NC	reseptione
Address	Too manage of the Collegion / 100	Email Address
2	- 2 h	295884
Signature	of Owner/Contractor/Officer(s) of Corporation <u>Mechanical Contractor Information:</u> Mechanical C	License #
Descriptio	n of Work installation of HVAC system	# Units \
Fayer Mechanica	evile Heating and Air Contractor Inc. I Contractor's Company Name	(910) 484 - 2273 Telephone
6458	Song: Ln., Fayetteville, NC	
Address		Email Address
	of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost	License #
Descriptio	n of Work installation of plumby system	# Baths
Frui Plumbing	Anther Chr. League 1777 Contractor's Company Name	(919) 676 - 1925 Telephone
115 K	eyman Drive, Coats, NC	Email Address
Fred	of Owner/Contractor/Officer(s) of Corporation	License # 35
Signaturo		49.
* ==	Insulation Contractor Information stulid by exector	
	Contractor's Company Name & Address	Telephone
i		

NOTE: General Contractor must fill out and sign the second page of this application

1	·	
	Sprinkler Contractor Informa	ation
Sprinkler (ontractor's Company Name	Telephone
Address		Email Address
Signature	of Officer(s) of Corporation Fire Alarm Contractor Inform	License #
	- No Alam Contractor Intern	
Fire Alarm	Contractor's Company Name	Telephone
Address		Email Address
Signature	of Officer(s) of Corporation	License #
<u>D</u> i	iveway Access - NC Department of Transportation Driveway	y Access/Permit?YesNo
and that t Mechanica contractor number of changes, any and al Expired P	rtify that I have the authority to make necessary applicate construction will conform to the regulations in the I codes, and the Harnett County Zoning Ordinance. I sis correct as known to me and if any changes occur included bedrooms, building and trade plans, Environmental Healt certify it is my responsibility to notify the Harnett County changes. ermit Fees - 6 months to 2 years permit re-issue fee is \$ at full price per current fee schedule.	Building, Electrical, Plumbing and state the information on the above sluding listed contractors, site plan, h permit changes or proposed use a Central Permitting Department of 150.00. After 2 years re-issue fee
BI	-2-2	/-//-2023 Date
Signature	of Owner/Contractor/Officer(s) of Corporation	Date
1		
The under	Affidavit for Worker's Compensation signed applicant being the:	n N.C.G.S. 87-14
	signed applicant being the:	n N.C.G.S. 87-14 ent of the Contractor or Owner
G Do hereby	signed applicant being the:	ent of the Contractor or Owner
Do hereby set forth in	signed applicant being the: eneral Contractor Owner Officer/Age confirm under penalties of perjury that the person(s), firm	ent of the Contractor or Owner (s) or corporation(s) performing the work
Do hereby set forth in	eneral Contractor Owner Officer/Age confirm under penalties of perjury that the person(s), firm the permit:	ent of the Contractor or Owner (s) or corporation(s) performing the work compensation insurance to cover them.
Do hereby set forth in Has them.	eneral Contractor Owner Officer/Age confirm under penalties of perjury that the person(s), firm the permit: three (3) or more employees and has obtained workers'	ent of the Contractor or Owner (s) or corporation(s) performing the work compensation insurance to cover them. kers' compensation insurance to cover
Do hereby set forth in Has them. Has covering the Has	eneral Contractor Owner Officer/Age confirm under penalties of perjury that the person(s), firm the permit: three (3) or more employees and has obtained workers' one (1) or more subcontractors(s) and has obtained work one (1) or more subcontractors(s) who has their own poli	ent of the Contractor or Owner (s) or corporation(s) performing the work compensation insurance to cover them. kers' compensation insurance to cover
Do hereby set forth in Has them. Has covering to Departmento issuance	eneral Contractor Owner Officer/Age confirm under penalties of perjury that the person(s), firm the permit: three (3) or more employees and has obtained workers' one (1) or more subcontractors(s) and has obtained work one (1) or more subcontractors(s) who has their own policemselves.	ent of the Contractor or Owner (s) or corporation(s) performing the work compensation insurance to cover them. kers' compensation insurance to cover icy of workers' compensation insurance erstood that the Central Permitting of worker's compensation insurance prior
Do hereby set forth in Has them. Has covering the While work Department to issuance carrying or	eneral Contractor Owner Officer/Aga confirm under penalties of perjury that the person(s), firm the permit: three (3) or more employees and has obtained workers' one (1) or more subcontractors(s) and has obtained work one (1) or more subcontractors(s) who has their own policemselves. no more than two (2) employees and no subcontractors. ting on the project for which this permit is sought it is under to it issuing the permit may require certificates of coverage of the permit and at any time during the permitted work for	ent of the Contractor or Owner (s) or corporation(s) performing the work compensation insurance to cover them. kers' compensation insurance to cover icy of workers' compensation insurance erstood that the Central Permitting of worker's compensation insurance prior from any person, firm or corporation



Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Robert Barefoot Address: 30 2	Initial Application Date	te:	Applic	eation #
COUNTY OF HARNETT LAND USE APPLICATION COUNTY OF HARNETT LAND USE APPLICATION Mailing Address: 165 Sp. mmeritle Park 14. ANDOWNER: The Coats Lac Mailing Address: 165 Sp. mmeritle Park 14. State: 11 Zip: 1603 Contact # (910) 890 32.56 Email: White Arcfoot & yahoo: competition to a state: 11 Zip: 1603 Contact # (910) 890 32.56 Email: White Arcfoot & yahoo: competition to a state: 12 Zip: Contact # Email: Phone # (910) 890 32.56 Email: White Arcfoot & yahoo: competition to a state: 12 Zip: Contact # Email: Phone # (910) 890 32.56 Email: White Arcfoot & yahoo: competition to a state: 12 Zip: Contact # Phone # (910) 890 32.56 Email: White Arcfoot & yahoo: competition to a state: 12 Zip: Contact # Phone # (910) 890 32.56 Email: White Arcfoot & yahoo: competition to a state: 12 Zip: Contact # Phone # (910) 890 32.56 Email: White Arcfoot & yahoo: competition to a state: 12 Zip: Contact # Phone # (910) 890 32.56 Email: White Arcfoot & yahoo: competition to a state: 12 Zip: Contact # Phone # (910) 890 32.56 Email: White Arcfoot & yahoo: competition to a state: 12 Zip: Contact # Phone # (910) 890 32.56 Email: White Arcfoot & yahoo: competition to a state: 12 Zip: Contact # Phone # (910) 890 32.56 Email: White Arcfoot & yahoo: competition to a state: 12 Zip: Contact # Phone # (910) 890 32.56 Email: White Arcfoot & yahoo: competition to a state: 12 Zip: Contact # Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip:				#CU#
ANDOWNER: The Coats LC Mailing Address: ANDOWNER: The Coats LC Mailing Address: ANDOWNER: The Coats LC Mailing Address: State:				
State: 14. ZipaTio 3. Contact # (910) 890 3256 Email: unbarcfoot 6 yolhoo: com APPLICANT: 5 4 M 6 - Mailing Address: State: Zip: Contact # Email: Contact # Email: State: Zip: Contact # Email: Contact # Email: Contact # Phone # (910) 890 - 3256 Address: 30 2 K Struct St. (oats NU PIN 1690 - 95 - 3453 . 000 Coning: Weershed: Flood: Deed Book Page: / Setbacks - Front: Back: Side: Corner: RROPOSED USE: Multi-Family Dwelling No. Units: No. Bedrooms/Unit: # Employees: Hours of Operation: Daycare # Preschoolers: # Afterschoolers: # Employees: Hours of Operation: Industry St. Ft. Type: # Employees: Hours of Operation: Industry St. Ft. Type: # Employees: Hours of Operation: Accessory/Addition Other (Size X) Use: Neath Supply: County Existing Well New Well (# of dwellings using well New Yell Application at the same lines and New Tensor New	Central Permitting (Physic	ical) 420 McKinney Pkwy, Lillington, NC 27546 (Mailing)	PF HARNETT LAND USE APPLICATION PO Box 65 Lillington NC 27546 Phone: (910) 893-752	25 opt # 1 Fax: (910) 893-2793 www.hamett.org/permits
Mailing Address: Email:	LANDOWNER:	TAL Coats, LLC	Mailing Address: 165 5 o	nmerille Aux Ad.
CONTACT NAME APPLYING IN OFFICE: Rebet Battest Phone # (910) 890 - 32.56 Address: 30.2 K. Stewart St., Coats, NC. PIN: 0690 - 95 - 3453.000 Coring: Watershed: Flood: Deed Book Page: / Setbacks - Front: Back: Side: Corner: PROPOSED USE: Multi-Family Dwelling No. Units: No. Bedrooms/Unit: # Employees: Hours of Operation: Hours of Operation: # Employees: # Employees: Hours of Operation: # Employees:	City: Ratei	State: <u>Mc</u> Zip 2.74	03 Contact # (910) 890 - 3256	_Email: <u>wrbarefoot o qahoo:</u> com
CONTACT NAME APP INTING IN OFFICE: Revocat Ratification and anterior man landowner man	APPLICANT*:	- same -	Mailing Address:	-
CONTACT NAME APPLYING IN OFFICE: Robert Bat-feet Phone # (910) 890 - 32.56 Address: 30 2	City:	State: Zip:	Contact #	Email:
Address: 30 2 K. Struckt St. Coats NC PIN: 0690 - 95 - 3453 . 000 Zoning: Walarshed: Flood: Deed Book Page: / Setbacks - Front: Back: Side: Corner: PROPOSED USE: No. Units: No. Bedrooms/Unit: Business Sq. Ft. Relail Space: 1750 Type: Office / Retail # Employees: Hours of Operation: Daycare # Preschoolers: # Afterschoolers: # Employees: Hours of Operation: Industry Sq. Ft. Type: # Employees: Hours of Operation: Church Sea ing Capacity: # Bathrooms: Kitchen: Accessory/Addition Other (Size X) Use: Water Supply: C unity Existing Well New Well (# of dwellings using well New Yell Application at the same time as New Fark) Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer (Complete Environmental Health Checklist concluser side of application if Septic Comments: ft permits are granted Lagree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided. 1-1/1-23			Randon Park	(910) 800-2251
Coning: Watershed: Flood: Deed Book Page: /				
Setbacks - Front: Back: Side: Corner: PROPOSED USE: No. Bedrooms/Unit: No. Bedrooms/Unit: No. Bedrooms/Unit: Hemployees: Hours of Operation: Hemployees: Hours of Operation: Hours of Ope	Address:	2 K. STEWARTST., (6015,100	PIN: (/64/) * 45 * 345 2	5 , 000
Multi-Family Dwelling No. Units:	Zoning:\	Watershed: Flood:	_Deed Book Page:/	
Multi-Family Dwelling No. Units:	Setbacks - Fron	nt:Back:Side:	Corner:	
Business Sq. Ft. Retail Space: 1750 Type: Office / Retail # Employees: Hours of Operation: Hours of Operat	PROPOSED USE:			
Daycare # Preschoolers: # Afterschoolers: # Employees: Hours of Operation: Industry Sq. Ft: Type: # Employees: Hours of Operation: Church Seafing Capacity: # Bathrooms: Kitchen: Accessory/Addition Other (Sizex) Use: Water Supply: County Existing Well New Well (# of dwellings using well) * Must have operable water before final (Need to Complete New Well Application at the same time as New Fank) Sewage Supply: New Septic Tank Expansion	☐ Multi-Family Dw	/elling No. Units:No. Bo	edrooms/Unit:	
Daycare # Preschoolers: # Afterschoolers: # Employees: Hours of Operation: Industry Sq. Ft: Type: # Employees: Hours of Operation: Church Seafing Capacity: # Bathrooms: Kitchen: Accessory/Addition Other (Sizex) Use: Water Supply: CountyExisting Well New Well (# of dwellings using well) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank) Sewage Supply: New Septic TankExpansion		1	10. 10.10	
Industry Sq. Ft:	Business S	Sq. Ft. Retail Space: 1750 Type: U	# Employees:	Hours of Operation:
Industry Sq. Ft:	☐ Davcare #	# Preschoolers: # Afterscho	olers: #Employees:	Hours of Operation:
Church Seating Capacity:				
Accessory/Addition/Other (Sizex) Use: Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank) Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer (Complete Environmental Health Checklist on other side of application if Septic Comments:	☐ Industry S	Sq. Ft: Type:	# Employees:	Hours of Operation:
Accessory/Addition/Other (Sizex) Use: Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank) Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer (Complete Environmental Health Checklist on other side of application if Septic Comments:	☐ Church S	Seating Capacity:	# Bathrooms: Kitche	en:
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Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer (Complete Environmental Health Checklist on other side of application if Septic Comments: Comments	☐ Accessory/Addit	tion/Other (Sizex) Use:		
Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer (Complete Environmental Health Checklist on other side of application if Septic Comments: Comments	W-1 01 /	Fig. 19	AL-II (II of Louis	***
(Complete Environmental Health Checklist on other side of application if Septic Comments: If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided. 1-11-23		II Insect	i to comblete new vveli abblication at the	same ume as New Tank)
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hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided. 1-11-23		11		
hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided. 1-11-23			8	
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hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided. 1-11-23	If namits are granted	d Lauree to conform to all ordinances and lau	us of the State of North Carolina regulating	such work and the appointment of plane cultivities
1-11-23		1		•
Signature of Owner or Owner's Agent Date				**
Signature of Owner or Owner's Agent Date		1/1-15-	<u></u>	<u>/[-23</u>
		Signature of Owner or Owner's	s Agent	Date

This application expires 6 months from the initial date if permits have not been issued

RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application #_

Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

	Owner's I	ame: T+L Coats, LLC	Date: 1-11-2023
	į.	ss: 302 E. Stewart St., Coats, NC	27521 Phone: (910) 890-3256
	Directions	to job site from Lillington: take Hwy. 27 to Coa	ts cross Hwy, 55 toward
		on site will be on the right.	
		se at 310 N. Orange St. Coats, NC.	
		n: NA	Lot:
		n of Proposed Work: upfit construction for 1	unit 302 E. Stewartst.
	Į.	1750 s f. Unheated SF	
Ę.,		General Contractor Information: Building Cost \$	
	Bare	foot Building Company, L.L.C.	(910) 890-3256
		ontractor's Company Name	Telephone
	Address	Box 1411, Coats, NC 27521	wrbasefoot e yahoo.com Email Address
Ī	Address	-22-	81(g27
	Signature	of Owner/Contractor/Officer(s) of Corporation	License #
	Decemintis	Electrical Contractor Information: Electrical Cost	
		n of Work installation of electrical system Service Size:	
	Electrical	Contractor's Company Name	(919) 632 - 6963 Telephone
	1	Normanly Donic , Clayton, NC	rolophono
	Address	7	Email Address
	n	- C - Cm	295884
	Signature	bf Owner/Contractor/Officer(s) of Corporation Machanical Contractor Information: Mechanical Contractor Information:	License #
	Descriptio	Mechanical Contractor Information: Mechanical Contractor Information: Mechanical Contractor Information:	# Units 1
	-	Hevile Hearty - Arr Confrectors Inc	
	Mechanic	Contractor's Company Name	Telephoné
		8 Song: Ln., Fayedreville, NC	·
	Address		Email Address
	Ken	Daked	18408
	Signature	bf Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost	\$ \ \ \ \ \ \ \ \ 335
	Descriptio	n of Work installion of planting system	# Baths
		Anthur Chris Leaner, IL	(919) 676-1925
	Plumbing	Contractor's Company Name	Telephone
	115 H	Leyman Drive, Couts, NC	
	Address		Email Address
	Signature	of Owner/Centre stor/Office(s) of Corneration	<u> </u>
	Signature	of Owner/Contractor/Officer(s) of Corporation	LICERSE #
		Insulation Contractor Information	
×	1 Inst	Med by Erector	
	ınsulation	Contractor's Company Name & Address	Telephone
	1	1	

NOTE: General Contractor must fill out and sign the second page of this application

	Sprinkler Contractor Infor	mation
Sprinkler	Contractor's Company Name	Telephone
Address		Email Address
Signature	of Officer(s) of Corporation Fire Alarm Contractor Info	License #
Fire Alarr	Contractor's Company Name	Telephone
Address		Email Address
Signature	of Officer(s) of Corporation	License #
<u> </u>	riveway Access - NC Department of Transportation Driver	way Access/Permit?Yes No
and that Mechanic contracto number of changes, any and a Expired	ertify that I have the authority to make necessary application will conform to the regulations in the all codes, and the Harnett County Zoning Ordinance, is correct as known to me and if <u>any</u> changes occur bedrooms, building and trade plans, Environmental Helevitip certify it is my responsibility to notify the Harnett Could changes. Permit Fees - 6 months to 2 years permit re-issue fee is at full price per current fee schedule.	e Building, Electrical, Plumbing and I state the information on the above including listed contractors, site plan, alth permit changes or proposed use nty Central Permitting Department of
N	n r	1 // noon
	1-f O	<u> </u>
Signature	of Owner/Contractor/Officer(s) of Corporation	Date
	of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensate signed applicant being the:	Date
The unde	Affidavit for Worker's Compensatisigned applicant being the:	Date
The unde	Affidavit for Worker's Compensatisigned applicant being the:	Date ion N.C.G.S. 87-14 Agent of the Contractor or Owner
The unde	Affidavit for Worker's Compensationsigned applicant being the: eneral Contractor Owner Officer// confirm under penalties of perjury that the person(s), fi	Date ion N.C.G.S. 87-14 Agent of the Contractor or Owner rm(s) or corporation(s) performing the work
The unde	Affidavit for Worker's Compensationsigned applicant being the: eneral Contractor Owner Officer// confirm under penalties of perjury that the person(s), first the permit:	Date ion N.C.G.S. 87-14 Agent of the Contractor or Owner rm(s) or corporation(s) performing the work s' compensation insurance to cover them.
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The under Do hereb set forth i Hathem. Hathem. Hathem. Hathem. While wo Department to issuance carrying of the set forth in the set forth	Affidavit for Worker's Compensatisigned applicant being the: General Contractor Owner Officer// confirm under penalties of perjury that the person(s), find the permit: s three (3) or more employees and has obtained workers one (1) or more subcontractors(s) and has obtained workers one (1) or more subcontractors(s) who has their own phemselves. s no more than two (2) employees and no subcontractor king on the project for which this permit is sought it is unant issuing the permit may require certificates of coverage of the permit and at any time during the permitted wor ut the work.	Date John N.C.G.S. 87-14 Agent of the Contractor or Owner rm(s) or corporation(s) performing the work s' compensation insurance to cover them. orkers' compensation insurance to cover colicy of workers' compensation insurance rs. derstood that the Central Permitting e of worker's compensation insurance prior k from any person, firm or corporation
The under Do hereb set forth i Hathem. Hathem. Hathem. Hathem. While wo Department to issuance carrying of the set forth in the set forth	Affidavit for Worker's Compensationsigned applicant being the: Seneral Contractor Owner Officer// confirm under penalties of perjury that the person(s), find the permit: s three (3) or more employees and has obtained workers one (1) or more subcontractors(s) and has obtained workers one (1) or more subcontractors(s) who has their own penalties. s no more than two (2) employees and no subcontractors wing on the project for which this permit is sought it is unent issuing the permit may require certificates of coverage of the permit and at any time during the permitted wor	Date John N.C.G.S. 87-14 Agent of the Contractor or Owner Im(s) or corporation(s) performing the work s' compensation insurance to cover them. Jorkers' compensation insurance to cover Jolicy of workers' compensation insurance The state of the Central Permitting and of worker's compensation insurance prior and from any person, firm or corporation



Initial Application Date:_	Application #
	DRB # CU #
	COMMERCIAL COUNTY OF HARNETT LAND USE APPLICATION
Central Permitting (Physical)	420 McKinney Pkwy, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 1 Fax: (910) 893-2793 www.harnett.org/permits
LANDOWNER:	L Coats, LLC Mailing Address: 165 Sommerville Park Rd.
v	State: NC Zip: 27603 Contact # (910) 890 - 3256 Email: wrbarefout o yahos. com
APPLICANT*: - 8	ane - Mailing Address:
City:	State: Zip: Contact # Email:
	ormation if different than landowner
CONTACT NAME APP	YING IN OFFICE: Robert Barefoot Phone # (910) 890-3256
Address: 320	E. Stewart St. PIN: 0690 - 95 - 3453.000
Zoning: Wa	tershed: Flood:Deed Book Page: /
Setbacks - Front:	Back: Side: Corner:
PROPOSED USE: Multi-Family Dwelli	ng No. Units: No. Bedrooms/Unit:
Business Sq.	t. Retail Space: 1750 Type: Office Retail # Employees: Hours of Operation:
☐ Daycare #P	reschoolers:# Afterschoolers:# Employees: Hours of Operation:
☐ Industry Sq.	 Ft: Type: # Employees: Hours of Operation:
☐ Church Sea	ting Capacity: # Bathrooms: Kitchen:
☐ Accessory/Addition	/Other (Sizex) Use:
- nooossiy//taaliis	
Water Supply:C	ounty Existing Well New Well (# of dwellings using well) *Must have operable water before final
Sewage Supply:1	(Need to Complete New Well Application at the same time as New Tank) New Septic Tank Expansion Relocation Existing Septic Tank County Sewer
(Comple	te Environmental Health Checklist on other side of application if Septic
Comments:	
	· · · · · · · · · · · · · · · · · · ·
If permits are granted I	 agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted.
I hereby state that foreg	cing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.
0	111.00
-	Signature of Oursel of Oursel Agent
•	Signature of Owner or Owner's Agent Date

This application expires 6 months from the initial date if permits have not been issued RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

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.: 6-23-22-1 Date: 6/23/22	Fee: \$ 500
Parcel ID*: 67069016980009	Area Zoned As: C - 3
APPLICANT:	PROPERTY OWNER:
Name (Print) Robert Basefort	Name T+L Coats, LLC
Address 3636 NC Hwy 27 East	Address 165 Sommerville Park Rd.
City, State Coats, NC	_ City, State Raleigh, NC
Zip Code 27521	Zip Code <u>27603</u>
Phone # (910) 890 - 3256	Phone # (910) 890-3256
Location of Property: IN-TOWN	ETJ (contiguous)
Present Use of Property: Mini Storage / Vace	int
PROPOSED USE OF PROPERTY:	
[] Single Family Dwelling: # Rooms: # Rooms: # for Units: # of Units: Single wide: Section 16, Zoning Ordital # Others (specify): # Total # of employees p	#Bedrooms (per unit): Square Feet (per unit) Double Wide: nance must apply
[] Existing structure: Renovate:	Addition: Demolish:
WATER AND SEWER SUPPLY: Water: [] Private [] Sewer: [] Private []	Public [] Proposed []Existing Public [] Proposed []Existing
Applicant: I certify that all of the information present best of my knowledge. False information is grounds for	ted in this application is true, complete, and accurate to the or rejection of the application.
Signature: Monde.	Date: 6-23-2022 APPROVED
Notes: Master Site Plan Approved 2019, for Phase 2: Commercial Buildings 1+2 Approved: [1] Zoning Administrator:	Date: \[\begin{align*} \begin{align*} \text{VISTRATOR USE ONLY} \\ \text{Oublic filities already approved TOWN OF COATS ZONING on of firstalled. \text* \text{VALID FOR 12 MONTHS} \\ Denied:
THIS PERMIT IS V	ALID FOR 12 MONTHS
Post Office Box 675 •	Coats, North Carolina 27521

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

DO NOT REMOVE!

Details: Appointment of Lien Agent Entry #: 1821962

Filed on: 12/07/2022

Initially filed by: WRBarefoot

Designated Lien Agent	Project Property
Investors Title Insurance Compai	Coats, NC 27521 Hamett County
Address: 223 S. West Street, Su Raleigh, NC 27603	ite 900 /
Phone: 888-690-7384	Property Type
Fax: 913-489-5231	4.5
Email: support@liensnc.com mee	Other
Owner Information	Date of First Furnishing
T&L Coats, LLC 165 Sommerville Park Road Raleigh, NC 27603 United States	12/07/2022
Email: wrbarefigot@yahoo.com	"Anadoring"

Print & Post



Please post this notice on the Job Site.

Suppliers and Subcontractors: Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this

View Comments (0)

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