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CentralPermitting@Harnett.org  
(910) 893-7525 ext:1  
420 McKinney Pkwy (physical)  
PO Box 65 (mailing)  
Lillington, NC 27546

### COMMERCIAL BUILDING APPLICATION

Site Address: 29 East Main Street PIN: \_\_\_\_\_

Owner: Town of Coats Phone: 910-591-4135 Email: coatstownmanager@coatsnc.org

Description of Proposed Work: Outdoor Improvements, Coats Town Square Total Job Cost: \$ 200,000.00  
INSTALLATION OF SHADE SAILS

#### GENERAL CONTRACTOR INFORMATION

\* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Sanford Contractors Inc. 910-620-1618

General Contractor's Company Name Phone

628 ROCKY FORK CHURCH RD. SANFORD NC 27332

kroof@sanfordcontractors.com

Address Email

6301 \$ 60,000.00

License # Signature of Owner/Contractor/Officer of Corp. Building Cost (excluding trades)

#### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Outdoor receptacles & Lighting Service Size: 200 Amps T-Poles: YES  NO

Electrical Solution LLC (910) 676-2928

Electrical Contractor's Company Name Phone

2934 Cameron Dr. Sanford, NC 27332 Electricalsolutionusa@gmail.com

Address Email

33636 \$ 25,000.00

License # Signature of Owner/Contractor/Officer of Corp. Electrical Cost

#### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: \_\_\_\_\_ # of Units: \_\_\_\_\_

Mechanical Contractor's Company Name Phone

Address Email

License # Signature of Owner/Contractor/Officer of Corp. \$ Mechanical Cost

#### PLUMBING CONTRACTOR INFORMATION

Description of Work: \_\_\_\_\_ # of Baths: \_\_\_\_\_

Plumbing Contractor's Company Name Phone

Address Email

License # Signature of Owner/Contractor/Officer of Corp. \$ Plumbing Cost

#### REFRIGERATION CONTRACTOR INFORMATION

Refrigeration Contractor's Company Name Phone

Address Email

License # Signature of Owner/Contractor/Officer of Corp.

APPLICATION CONTINUES ON BACK



**Fire Marshal Division**

P.O. Box 370  
Lillington, NC 27546  
910-893-7580

## Application for Plan Review

Permit Type: \_\_\_\_\_

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Name of Project: Coats Downtown Square

Physical Address of Project: 29 East. Main Street

Plans Submitted By: Kurt Roof

Project Phone: (910)-620-1618

Contact Person/Address: Kurt Roof

367 Freedom Parkway, Pittsboro, NC.

Contact Phone: (910)-620-1618 ( )- -

Contractor's Name/Info: Sanford Contractors Inc.

Contractor's Phone: (910)-620-1618

Contact Email: kroof@sanfordcontractors.com

- **Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.**
- **Status checks may be conducted on plan reviews by visiting the website <http://hteweb.harnett.org/Click2GovBP/Index.jsp> or by calling the Harnett County Central Permitting Office (910-893-7525 : Opt. 2), or the Harnett County Fire Marshal's Office (910-893-7580).**
- **Approved plans must be picked up from the Central Permitting Office and all fees paid before any required inspections can be conducted.**

## COMMERCIAL LAND USE APPLICATION

**SITE ADDRESS:** 29 E. Main Street **PIN:** \_\_\_\_\_  
**LANDOWNER:** Town Of Coats **Mailing Address:** 121 W. Main St  
**City:** Coats **State:** NC **Zip:** 27521 **Phone:** 910-591-4135 **Email:** coatstownmanager@coatsnc.org

*\*Please fill out applicant information if different than landowner.*

**APPLICANT:** Sanford Contractors Inc. **Mailing Address:** P.O. Box 9  
**City:** Lemon Springs **State:** NC **Zip:** 28355 **Phone:** 910-620-1618 **Email:** kroof@sanfordcontractors.com

**PROPOSED USE:**

- Multi-Family Dwelling:** # Units: \_\_\_\_\_ # Bedrooms/Unit: \_\_\_\_\_
- Business:** SQ. FT.: Retail Space: \_\_\_\_\_ Type: \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Daycare:** # Preschoolers: \_\_\_\_\_ # Afterschoolers: \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Industry:** SQ. FT.: \_\_\_\_\_ Type: \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Church:** Seating Capacity: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_ Kitchen: Yes  No
- Sign:** (Size \_\_\_\_\_ x \_\_\_\_\_) Type: \_\_\_\_\_ Illuminated: Yes  No  If yes, Internal  External
- Accessory/Addition/Other:** (Size \_\_\_\_\_ x \_\_\_\_\_) Use: Outdoor Use Open Area, Coats Downtown Square

**UTILITIES:**

**Water Supply:** County  Existing Well  New Well (# of facilities using well \_\_\_\_\_)   
**Sewage Supply:** New Septic Tank  Expansion  Relocation  Existing Septic Tank  County Sewer

(Complete Environmental Health Checklist on other side of application if Septic is selected)

**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 the foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

 \_\_\_\_\_ 4/13/24  
 Signature of Owner or Owner's Agent Date

\*\*\*Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's 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.\*\*\*

**Environmental Health Department Application for Improvement Permit and/or Authorization to Construct**

If the information in this application is falsified, changed, or the site is altered, then the permit shall become invalid. This permit will be valid for 60 months.

**NEW SEPTIC SYSTEM INSPECTION**

- **All property irons must be made visible.** Place **pink flags** on each corner of lot & approximately every 50 feet between corners.
- Place **orange flags** at the corners of each proposed structure per site plan submitted to Central Permitting.
- Post **orange** Environmental Health sign in location that is visible from road to assist in locating property.
- If property is thickly wooded, you will be required to clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **DO NOT GRADE PROPERTY.**

**EXISTING TANK INSPECTION**

- Follow above instructions for placing flags and sign on property.
- Prepare for inspection by removing soil over **outlet end** of tank, lift lid straight up (*if possible*), and then **put lid back in place.**  
*\*Does not apply to septic tank in a mobile home park\**
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

**SEPTIC CHECK LIST**

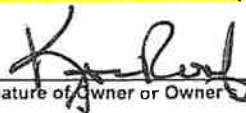
If applying for Authorization to Construct, please indicate desired system type(s): Can be ranked in order of preference, must choose one.

- Accepted     
  Innovative     
  Conventional     
  Any     
  Alternative  
 Other N/A

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes," applicant **MUST ATTACH SUPPORTING DOCUMENTATION:**

- YES  NO  Does the site contain any jurisdictional wetlands?
- YES  NO  Do you plan to have an irrigation system now or in the future?
- YES  NO  Does or will the building contain any drains? Please explain: \_\_\_\_\_
- YES  NO  Are there any existing wells, springs, waterlines, or wastewater systems on this property?
- YES  NO  Is any wastewater going to be generated on the site other than domestic sewage?
- YES  NO  Is the site subject to approval by any other Public Agency?
- YES  NO  Are there any easements or rights-of-way on this property?
- YES  NO  Does the site contain any existing water, cable, phone, or underground electric lines?  
If yes, please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**I have read this application and certify that the information provided herein is true, complete, and correct. Authorized County and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. I understand that a \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot is confirmed to be ready.**

  
\_\_\_\_\_  
Signature of Owner or Owner's Agent

4/13/20  
Date