



Application # BRES1812-0012

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

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

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

Application for Residential Building and Trades Permit

Owner's Name: Thomas Coats & Lynn Date: 10-11-18

Site Address: 805 CARMES ST COATS NC 27521 Phone: 910-897-6116

Subdivision: _____ Lot: _____

Description of Proposed Work: Remodel existing home + repair foundation on 1 side

General Contractor Information

SUNDAY REMODELING INC 910-891-8569
Building Contractor's Company Name Telephone

P.O. Box 2474 Dunn, NC 28335
Address Email Address

54792
License #

Electrical Contractor Information

Description of Work Wiring existing home Service Size: 200 Amps T-Pole: Yes No

Parker Electric 910-891-6810
Electrical Contractor's Company Name Telephone

167 Stonehenge Dr Dunn NC
Address Email Address

31658
License #

Mechanical/HVAC Contractor Information

Description of Work New HVAC
TORRAC HERTZ and A/C 919-639-2328
Mechanical Contractor's Company Name Telephone

105 W Cuth St Angier NC 27501
Address Email Address

25537
License #

Plumbing Contractor Information

Description of Work New Plumbing in Home # Baths 2

RONALD LINDAY PLUMBING 910-658-7957
Plumbing Contractor's Company Name Telephone

464 Parker mill Rd Benson, NC 27504
Address Email Address

29636
License #

Insulation Contractor Information

SUNDAY REMODELING PO BOX 2474 Dunn NC 910-891-8569
Insulation Contractor's Company Name & Address Telephone

28335

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

12-11-18
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
- Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.
- Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.
- Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: *[Signature]* Owner Date: 12-11-18



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. Also, in order to receive a Privilege License from the Town of Coats to open a business, you must have a valid Zoning Permit, along with all applicable inspections from Harnett County.

Permit No.: 11-6-18-1 Date: 11/6/2018 Fee: \$50

Parcel ID*: 07069015140006 Area Zoned As: R-20

APPLICANT:

PROPERTY OWNER:

Name (Print) THOMAS COATS
Address 80 S Carrie St
City, State Coats NC
Zip Code 27521
Phone # 910-890-9288

Name THOMAS COATS
Address 1988 N OLD STAGE RD
City, State Coats NC
Zip Code 27521
Phone # 910-890-9288

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

Present Use of Property: Abandon - Dwelling

PROPOSED USE OF PROPERTY:

[X] Single Family Dwelling: # Rooms: 6 # Bedrooms: 2 Square Feet: 1300
[] 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):

[X] Existing structure: Renovate: X Addition: Demolish: X 500 sq ft

WATER AND SEWER SUPPLY:

Water: [] Private [] Public [] Proposed [X] 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: Thomas Coats Date: 11/2/18

ZONING ADMINISTRATOR USE ONLY

APPROVED 11/6/18

Notes: Approval for Demolition & Building Permit

Approved: [X] Denied: []

TOWN OF COATS ZONING VALID FOR 12 MONTHS

Zoning Administrator: Nick Holcomb Date: 11/6/2018