



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 form along with plans shall be submitted to the Harnett County Building Inspections Department.

Permit No.: 10-22-19-1 Date: 10/22/19 Fee: \$50

Parcel ID*: 07069016190004 Area Zoned As: R-6

APPLICANT:

PROPERTY OWNER:

Name (Print) Joshua Daniel McLamb
Address 147 East Main St
City, State Coats, NC
Zip Code 27521
Phone # (910) 890-4135

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Zip Code 27521
Phone # (910) 890-4135

Location of Property: IN-TOWN [checked] ETJ [] ETJ (contiguous) []

Present Use of Property: ~~Dwelling SM~~ Build Deck off back of home

PROPOSED USE OF PROPERTY:

[X] Single Family Dwelling: # Rooms: 9 # Bedrooms: 4 Square Feet: 2000
[] 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: Addition: [checked] Back Deck Demolish:

WATER AND SEWER SUPPLY:

Water: [] Private [X] Public [] Proposed [] Existing
Sewer: [] Private [X] 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: [Signature] Date: 21 Oct 19

ZONING ADMINISTRATOR USE ONLY

Notes:
Approved: [checked] Denied: [] APPROVED
Zoning Administrator: [Signature] Date: 10/22/19 TOWN OF COATS ZONING VALID FOR 12 MONTHS

THIS PERMIT IS VALID FOR 12 MONTHS