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

Permit No.: 2-4-20-1 Date: 2/4/2020	Fee: 450
Parcel ID*: 070690 0027 04	Area Zoned As:
APPLICANT:	PROPERTY OWNER:
Name (Print) Same	Name Dônna Kathryn Lamm
Address	3
City, State	City, State Coats, NC
Zip Code	Zip Code 2752
Phone #	Phone # (919) 894-9438
Location of Property: IN-TOWN	ETJ ETJ (contiguous)
Present Use of Property: Residential	
PROPOSED USE OF PROPERTY:	
[] Single Family Dwelling: # Rooms: # # [] Multi Family Dwelling: # of Units: # [] Mobile Home (single lot): Single wide: Section 16, Zoning Ordinal Business: Total # of employees per Pothers (specify): Swimming Pool	Double Wide:
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 presented in this application is true, complete, and accurate to the pest of my knowledge. False information is grounds for rejection of the application.	
Signature: Durna Kathryn Jamm Date: 2/5/2020	
ZONING ADMINISTRATOR USE ONLY Notes:	
Approved: [\sqrt{]}	Denied: []
Loning Administrator: Mich Hold	FOR 12 MONTHS Date: 2 4 2020 TOWN OF COATS ZONING VALID FOR 12 MONTHS
THIS PERMIT IS VALID FOR 12 MONTHS VALID FOR 12	