



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.: 11/19/21-1 Date: 11/19/21 Fee: \$50

Parcel ID*: 070599 0160 Area Zoned As: R-20 Residential

APPLICANT:

PROPERTY OWNER:

Name (Print) Juan Martinez

Name Juan Martinez

Address 429 Crawford rd

Address 429 Crawford rd

City, State Coats NC

City, State Coats NC

Zip Code 27521

Zip Code 27521

Phone # 910 600 9504

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

Present Use of Property:

PROPOSED USE OF PROPERTY:

- [X] Single Family Dwelling: # Rooms: 1 # Bedrooms: 1 Square Feet: 1000
[] 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):

[] Existing structure: Renovate: Addition: YES Demolish:

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: Juan Martinez

APPROVED
Date: 11-19-21
TOWN OF COATS ZONING
VALID FOR 12 MONTHS

ZONING ADMINISTRATOR USE ONLY

Notes:

Approved: [X] Denied: []

Zoning Administrator: [Signature] Date: 11/19/21

THIS PERMIT IS VALID FOR 12 MONTHS