



TOWN OF COATS

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.: 5-9-23-1 Date: 5/9/23 Fee: \$50

Parcel ID*: 07069016220011 Area Zoned As: Main Street Periphery (MSP)
105 E. Washington St.

APPLICANT:

PROPERTY OWNER:

Name (Print) Harold Dixon

Name Harold Dixon

Address P.O. Box 849

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City, State Coats N.C.

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Zip Code 27521

Zip Code 27521

Phone # 910-658-9235

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

Present Use of Property: under rehab Washington St

PROPOSED USE OF PROPERTY:

Single Family Dwelling: # Rooms: 6 # Bedrooms: 3 Square Feet: 900
 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 Rental
 Others (specify): _____

Existing structure: Renovate: Addition: Demolish:

WATER AND SEWER SUPPLY:

Water: Private Public Proposed 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: H. Harold Dixon Date: _____

ZONING ADMINISTRATOR USE ONLY

Notes: Order to Repair or Demolish, Obtain Building Permit for interior renovation.

Approved: Denied:

Zoning Administrator: Mark [Signature] Date: 5/9/23

THIS PERMIT IS VALID FOR 12 MONTHS

