



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

Permit No.: 3-30-23-1 Date: 3/30/23 Fee: \$50

Parcel ID*: 071602 0016 05 Area Zoned As: 1 SFR-2

APPLICANT:

PROPERTY OWNER:

Name (Print) Stanley Dillard

Name Same

Address 65 Irbin DR

Address _____

City, State Coats NC

City, State _____

Zip Code 27521

Zip Code _____

Phone # 919-368-5872

Phone # _____

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

Present Use of Property: _____

PROPOSED USE OF PROPERTY:

- Single Family Dwelling: # Rooms: _____ # Bedrooms: _____ Square Feet: _____
- 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): 30x40 Garage behind house

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: Stanley Dillard Date: 3-30-2023

ZONING ADMINISTRATOR USE ONLY

Notes: 50' behind home, meets all setbacks

Approved: Denied:

Zoning Administrator: Wesley Kell Date: 3/30/23

APPROVED
TOWN OF COATS ZONING
VALID FOR 12 MONTHS

THIS PERMIT IS VALID FOR 12 MONTHS