

## TOWN OF COATS

## ZONING PERMIT APPLICATION

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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.:	7-28-23-1	Date: 7	28/23	Fee: \$5	D			
Parcel ID*:	071600 02		An	es Zoned As:	SFR-3			
	45 E. Pebbie APPLIC			i i	PROPER	TY OWNER:		
Name (Print)	e (Print) Crystal Hinton			Name Kenneth Johnson				
Address	Address Of Debric Dr.				Address 350 Josie Oran			
City, State	nte Coats, NC			City, State Benson NC				
Zip Code	ode 27521			Zip Code 2750 Y				
Phone # 4	Phone # (919) 9810 - 5900				Phone # 910729 807			
Location of Pr	operty:	N-TOWN	V ETJ		ETJ (c	ontiguous)		
Present Use of	Property:	mobile h	or pour	K				
PROPOSED O	SE OF PROPER	TY:	,					
[ ] Multi Family	s: Total # of employees per day Type of business							
[ ] Existing struc	ture:	Renovate:	Ac	ldition:	De	molish:		
WATER AND S	EWER SUPPLY	•						
	Water: Sewer:	[ ] Private [ ] Private	[ Public Public			Existing  Existing		
Applicant: I cert best of my knowl Signature:	ify that all of the edge. False infor	information promation is groun	esented in this a	of the appli	s true, comple cation.	te, and accurate $\sqrt{27/20}$	to the	
Notes: 22.5-	1 Replacement	ZONING ADI	MINISTRATO	R USE ONL	Y many			
45 E. De	ibbie Dr.		1/1	Denied:	[ ]		0	
Zoning Administra	ator: 14	Hah		Date:	7/28/2	APPROV	TONING	
Zoning Administrator: Date: 7/21/23 PROVIDED THIS PERMIT IS VALID FOR 12 MONTHS  Post Office Box 675 • Costs North Caroline 27521								
	Post Office Box 675 • Coats, North Carolina 27521							