



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.: 9-7-23-1 Date: 9/7/2023 Fee: \$50

Parcel ID*: 07069016180011 Area Zoned As: RMST

45 N. Ida St.
APPLICANT:

PROPERTY OWNER:

Name (Print) Marc Powell

Name SAME AS APPLICANT

Address 45 N. IDA ST

Address _____

City, State COATS, NC

City, State _____

Zip Code 27521

Zip Code _____

Phone # 919-902-0103

Phone # _____

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

Present Use of Property: Home

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): 10x16 Accessory BLDG. IN BACK YARD
- 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: [Signature]

Date: 9-7-2023

ZONING ADMINISTRATOR USE ONLY

Notes: 10x16 Accessory Bldg.

Approved:

Denied:

Zoning Administrator: Nick Holcomb

Date: 9/7/23

APPROVED
TOWN OF COATS ZONING
VALID FOR 12 MONTHS

THIS PERMIT IS VALID FOR 12 MONTHS