



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. Also, in order to receive a Privilege License from the Town of Coats to open a business, you must have a valid Zoning Permit, along with all applicable inspections from Harnett County.

Permit No.: 3-11-25-1 Date: 02-14-25 Fee: 50

Parcel ID*: 0705990193 Area Zoned As: Agriculture

APPLICANT:

PROPERTY OWNER:

Name (Print) Marshall Teresa Gould Name Same
 Address 34 Dunn St Address _____
 City, State Coats NC City, State _____
 Zip Code 27521 Zip Code _____
 Phone # 910-748-8313 Phone # _____

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

Present Use of Property: residential

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): barn metal shed

☐ 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: Marshall T. Gould

Date: 02-14-25

ZONING ADMINISTRATOR USE ONLY

Notes: _____

Approved: Elizabeth Krige Denied: ☐ ☐
 Zoning Administrator: Elizabeth Krige Date: 3-11-2025