



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.: 06052025-01 Date: 6/5/2025 Fee: _____

Parcel ID*: 07069016160008 Area Zoned As: _____

APPLICANT:

Name (Print) TERRY ABNEY
 Address 157 W JACKSON ST
 City, State COATS, NC
 Zip Code 27521
 Phone # 910-984-7573

PROPERTY OWNER:

Name COATS CHAPEL F.W.B Church
 Address 300 E DOOLEY STREET
 City, State COATS, NC
 Zip Code 27521
 Phone # 910-984-7573

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

Present Use of Property: VACANT - DEMOLITION OF 285 E. LEAN ST.

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 _____
 [X] Others (specify): PARKING LOT

[] Existing structure: Renovate: _____ Addition: _____ Demolish: X
 EXISTING DWELLING

WATER AND SEWER SUPPLY:

Water: [] Private [X] Public [] Proposed [] Existing
 Sewer: [] Private [X] 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: _____ Date: _____

ZONING ADMINISTRATOR USE ONLY

Notes: _____

Approved: [Signature] Denied: [] []
 Zoning Administrator: _____ Date: 6/5/2025