

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.: 10032025-02 Date: 10-1-25 Fee: #50
Parcel ID*: 0691 - 60 - 3863.00 Area Zoned As: AG, AGEICUTULA 7
PROPERTY OWNER:
Name (Print) David Moore Name David Moore
Address 1076 NC SSW Address 1076 NC SSW
City, State Coats NC City, State Coats NC
Zip Code 27521 Zip Code 27521
Phone # 910-224-7221
Location of Property: IN-TOWN ETJ ETJ (contiguous)
Present Use of Property: Primary Residence
PROPOSED USE OF PROPERTY:
[] Single Family Dwelling: # Rooms: #Bedrooms; Square Feet: Square Feet: Square Feet (per unit) [] 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): Storage Accessory Building [] Accessory Building: # Rooms: Square Feet: [] Multi Family Dwelling: # of Units: #Bedrooms (per unit): Square Feet: [] Square Feet: [] Square Feet: [] Square Feet: [] Multi Family Dwelling: # of Units: #Bedrooms (per unit): [] Square Feet: [] Square Feet: [] Multi Family Dwelling: # of Units: #Bedrooms (per unit): [] Square Feet: [] Multi Family Dwelling: # of Units: #Bedrooms (per unit): [] Square Feet: [] Multi Family Dwelling: # of Units: #Bedrooms (per unit): [] Square Feet: [] Multi Family Dwelling: # of Units: #Bedrooms (per unit): [] Square Feet: [] Multi Family Dwelling: # of Units: #Bedrooms (per unit): [] Square Feet: [] Multi Family Dwelling: # of Units: #Bedrooms (per unit): [] Square Feet: [] Multi Family Dwelling: # of Units: #Bedrooms (per unit): [] Multi Family Dwelling: # of Units: #Bedrooms (per unit): [] Multi Family Dwelling: # of Units: #Bedrooms (per unit): [] Multi Family Dwelling: # of Units: #Bedrooms (per unit): [] Multi Family Dwelling: # of Units: #Bedrooms (per unit): [] Multi Family Dwelling: # of Units: #Bedrooms (per unit): [] Multi Family Dwelling: # of Units: #Bedrooms (per unit): [] Multi Family Dwelling: # of Units: # of Units: #Bedrooms (per unit): [] Multi Family Dwelling: # of Units: # of U
[] 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: 1 An SMorw Date: 8 Oct 25
Notes: ZONING ADMINISTRATOR USE ONLY
Zoning Administrator:

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