

**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.: 110425-1 Date: 11/4/25 Fee: 50
 Parcel ID*: 071600002682 Area Zoned As: Residential

APPLICANT:**PROPERTY OWNER:**

Name (Print) Taylor Blake Name _____
 Address 240 Ebenezer Church Road Address _____
 City, State Coats, NC City, State _____
 Zip Code 27521 Zip Code _____
 Phone # 704-242-2417 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): Metal Storage Building 30 ft x 70 ft
☐ 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: 10-24-25

ZONING ADMINISTRATOR USE ONLY

Notes: _____
 Approved: [Signature] Denied: [Signature]
 Zoning Administrator: [Signature] Date: 11/4/25

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