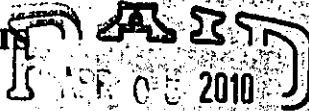


# TOWN OF COATS

(Extra-Territorial Jurisdiction or City)  
APPLICATION FOR ZONING PERMIT

To: TOWN PLANNER/TOWN OF COATS  
P.O. Box 675  
Coats, NC 27521  
Phone: (910) 897-5183  
Fax: (910) 897-2662



Permit No. 0405201039  
Fees: 35.00

Date: 4-5-2010  
Area Zoned As: RA

BY: [Signature]  
P.N.  
Parcel ID\*: 069044625200

Applicant:  
Name (Print): Elizabeth Gonzalez  
Address: 308 Peacock Ln  
City, State: Benson, NC 27504  
Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Property Owner:  
Name: Alice J. Roberts  
Address: PO Box 398  
City, State: Coats, NC  
Zip Code: 27521  
Phone #: \_\_\_\_\_

Tax ID 965-77-3898  
Location of Property: IN-TOWN \_\_\_\_\_ ETJ  ETJ (contiguous) \_\_\_\_\_  
Present Use of Property: \_\_\_\_\_

- 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): \_\_\_\_\_

Existing structure: \_\_\_\_\_ Renovate: \_\_\_\_\_ Addition: \_\_\_\_\_ Demolish: \_\_\_\_\_

Water and Sewer Supply:	Water	Sewer
Private	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Public	<input type="checkbox"/>	<input type="checkbox"/>
Proposed	<input type="checkbox"/>	<input type="checkbox"/>
Existing	<input type="checkbox"/>	<input type="checkbox"/>

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.

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: 4-5-2010  
FOR ELIZABETH GONZALEZ MARQUEZ

ZONING ADMINISTRATOR USE ONLY  
Notes: property to be transfer into applicant's name

Zoning Administrator: [Signature] Date: 4-5-10  
Approved: \_\_\_\_\_ Denied: \_\_\_\_\_