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

To: TOWN PLANNER/TOWN OF COA	ATS Permit No.
P.O. Box 675 Coats, NC 27521 Phone: (910) 897-5183 Fax: (910) 897-2662	SOM Fees: 43500
Date: <u>D5-06-2009</u> Area Zoned As: <u>RA</u>	Parcel ID*: 069034 3600000
Applicant: Name (Print) Address City, State Zip Code Phone #  Location of Property: IN-TOWN Present Use of Property:	Property Owner:  Name  Address  Address  City, State  Zip Code  Phone #   ETJ  ETJ  ETJ  ETJ  ETJ  Contiguous)  Address  Address
[ ] Mobile Home (single lot): single wide:	#Bedrooms (per unit): Square Feet (per unit) Double Wide: rdinance must apply Type of business
[ ] Existing structure: Renovate:	Addition: Demolish:
Water and Sewer Supply: Private Public Proposed Existing	Water Sewer Private Septic To Be Installa
(including driveways, decks, etc.), and existin	erty lines (front, side, and rear), location of proposed structures g structures. This plan should be drawn to scale. Also, in order to Coats to open a business, you must have a valid Zoning Permit,
along with all applicable inspections from Ha	rnett County.
along with all applicable inspections from Ha Applicant: I certify that all of the informatio	n presented in this application is true, complete, and accurate to
along with all applicable inspections from Ha Applicant: I certify that all of the informatio he best of my knowledge. False information	n presented in this application is true, complete, and accurate to
along with all applicable inspections from Ha	n presented in this application is true, complete, and accurate to is grounds for rejection of the application.  Date:

<sup>&</sup>quot;This number can be obtained through the Harnett County GIS office along with a map of the site (www.harnett.org).