

1-4-11

Application # 1150025837

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793
www.harnett.org/permits

**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure: PERSON OWNED Phone: _____
Owner (s) Mailing Address: _____

Land Owner Name (s): Frank Phone: _____

Construction or Site Address: 409 S CHURCH ST GAITHER

PIN or Parcel # from GIS: _____

Job Cost: 400.00 Description of Work to be done UPGRADE SERVICE WIRE Heat PUMP

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___

Electrical*: 200 Amp <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:
27 TO GAITHER TR ON 55 TR AT SUNNY'S HOUSE ON LEFT A CHURCH ST

Subdivision: _____ Lot #: _____

I PATRICK ELLIOTT will provide the ELECT labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 4910U, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: _____ Date: _____

Company Name: PATRICK ELECTRICAL Phone: 910-5774
County: _____

Address: 1309 N MAIN LILLINGTON County: _____

Contractor's License #: 4910U Email Address: _____

Contractor's Signature: Patrick Elliott Date: 1-04-11

***Company name, address, & phone must match information on license.**

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. 0411-1
Fees: \$70.00

Date: 1-4-11
Area Zoned As: D12D

Parcel ID*: _____



Applicant:
Name (Print) DURANE CURRIN
Address 409 S. Church St.
City, State COATS, N.C.
Zip Code 27521
Phone # 919-207-7640

Property Owner:
Name same
Address _____
City, State IL
Zip Code _____
Phone # _____

Location of Property: IN-TOWN ETJ _____ ETJ (contiguous) _____
Present Use of Property: Res.
elementary, out AC Unit

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	_____	_____
Public	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Proposed	_____	_____
Existing	_____	_____

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: Durane Currin Date: 1-4-11

ZONING ADMINISTRATOR USE ONLY

Notes: _____

Zoning Administrator: [Signature] Date: 1/4/11
Approved: _____ Denied: _____

Application # 11-50025837

Please note if this application is part of a job in progress with open permits.

_____ yes _____ no

Mail In application
 Hamett County Central Permitting
 PO Box 65 Lillington, NC 27546
 910-893-7525 Fax 910-893-2793
 www.hamett.org/permits

**Certification of Work Performed by Owner/Contractor
 (Individual Trade Application)**

Contractor Information

I, Beasley's Heating & Air will complete the Mechanical/HVAC work on the project or structure herein described. My state license number is 9497 (Trade) All work shall comply with the State Building Code and all other applicable State & Local law, ordinances and regulations.

Company Name: Beasley's Heating & Air, Inc
 Mailing Address: 57 WC Roxboro Lane
 Street Address: Coats, NC 27521
 Business Phone: 919-894-4243 Email Address: beasleyshvac@aol.com

*Company name, address, & phone must match information on license.

Job Information

Land Owner's Name: Durwayne Curvin Phone: 907-7640
 Tenant/Building Owner (if different): _____ Phone: _____
 Construction or Site Address: 409 S Church St Coats, NC
 PIN or Parcel # from GIS: _____

Specific Directions to Job from Lillington:

Description of work to be done: Change out H/P Job Cost: 3500.⁰⁰

Mechanical: New Unit With Ductwork _____ New Unit Without Ductwork Gas Piping _____
 Electrical: 200 Amp _____ <200 Amp _____ Service Change _____ Service Reconnect _____ Other _____
 Plumbing: Water/Sewer Tap _____ Number of Baths _____ Water Heater _____

Permit Cost

Permit Fee: \$ 50.⁰⁰ (calculated from fee schedule)

Mail In Processing Fee: \$3.00 per job

For Electrical Permits with Progress Energy we need the premise number provided.

Total Enclosed: \$ 53.⁰⁰
 Make check payable & Mail completed application form to:

Hamett County Central Permitting (HCCP)
 PO Box 65
 Lillington, NC 27546

Contractor's Signature: But Beasley Date: 1-7-11

****DO NOT SEND CASH. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED****