

Harnett County Central Permitting

Mailing Address - PO Box 65 Lillington, NC 27546 – Physical Address – 420 McKinney PKWY Lillington NC 27546

Ph.: 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: Coats Community Church Phone: 910-897-2881

Owner (s) Mailing Address: 275 W. McKinley St. Coats NC 27521

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 275 N. McKinley St. Coats NC 27521

PIN # _____ Parcel # _____

Job Cost (Required): ^{\$}2100 Description of Work to be done Install 240 volt Oven in the church kitchen

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

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:

Subdivision: _____ Lot #: _____

I Johannie Mabry will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 150774, 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.

Mabry's Electrical Service
Contractor's Company Name

919-639-4837
Telephone

731 Mabry Rd. Angier NC 27501
Address

daniel@mabryelectrical.com
Email Address

150774
License #

Structure Owner / Contractor Signature: [Signature] Date: 7/25/22

By signing this application, you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

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

Faxed or Mailed application could have an approximately 1-5 day process time



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. This permit along with plans shall be submitted to the Harnett County Building Inspections Department.

Permit No.: _____ Date: 7-20-22 Fee: _____

Parcel ID*: _____ Area Zoned As: _____

APPLICANT:

PROPERTY OWNER:

Name (Print) Caston Construction Company

Name Coats Community Church

Address P.O. Box 143

Address 275 N McKinley St.

City, State Dunn, N.C.

City, State Coats N.C.

Zip Code 28335

Zip Code 27521

Phone # 919-669-8729

Phone # 910-897-2881

Location of Property: IN-TOWN ETJ _____ ETJ (contiguous) _____

Present Use of Property: Church

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): Church

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: 7-20-22

ZONING ADMINISTRATOR USE ONLY

Notes: _____

Approved: Denied:

Zoning Administrator: _____ Date: _____

THIS PERMIT IS VALID FOR 12 MONTHS