

LAND USE PERMIT

Harnett County Planning Department 102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793

Fee	
Receipt	-
Permit	
Date	

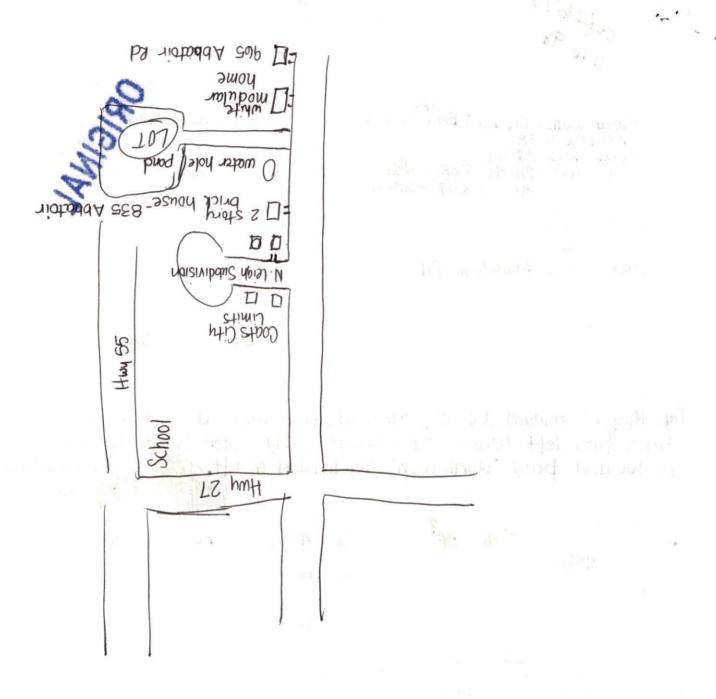
LANDOWNER INFORMATION:	APPLICANT INFORMATION
Name Susan Walter Ocena & Berjoe Occena. Address P O BOX 1038 Coats NC 27521 Phone 910897 2493 H 910 892 9538 W-Susan 9108929607 - Susan	Name Same as Candowner Address Phone HW
PROPERTY LOCATION:	B
Street Address Assigned	
SR # 1552 Rd. Name Abbatoir Rd	Township Zoning District
PIN	PARCEL
Subdivision	Lot # Lot/Tract Size
Flood Plain Panel	Deed Book 769 Page 766
Watershed District	Plat Book Page
Give Directions to the Property from Lillington:	
Ale Hwy 27 toward Coats, straight take first left (Orange St / Abat IS Located bast "North Leigh" Sub PROPOSED USE: (V) Sg. Family Dwelling (Size 86 x 56) # of Bedroom Deck 465 (Multi-Family Dwelling No. Units No. B (Manufactured Home (Size x # of Bedrooms (Number of persons per household # of Business Sq. Ft. Retail Space (Multi-Family Dwelling No. Rooms/Size Accessory Building Size (Multi-Family Dwelling No. Units No. Bedrooms (Manufactured Home (Size x # of Bedrooms (Multi-Family Dwelling No. Units No. Bedrooms (Manufactured Home (Size x # of Bedrooms (Man	division on left. See back for m Basement no Garage 4e S edrooms/Unit Garage Deck Type Type Use Use Use
Water Supply: () County () Well (No. dwelling Sewer: () Septic Tank (Existing? ()) Erosion & Sedimentation Control Plan Required? Yes	County Other

LAND USE PERMIT IS REQUIRED WHEN PICKING UP SEPTIC, BUILDING AND SET-UP PERMITS

NOTE: A site plan must be attached to this Application, drawn to scale on an 8.5 by 11 sheet, showing: existing and

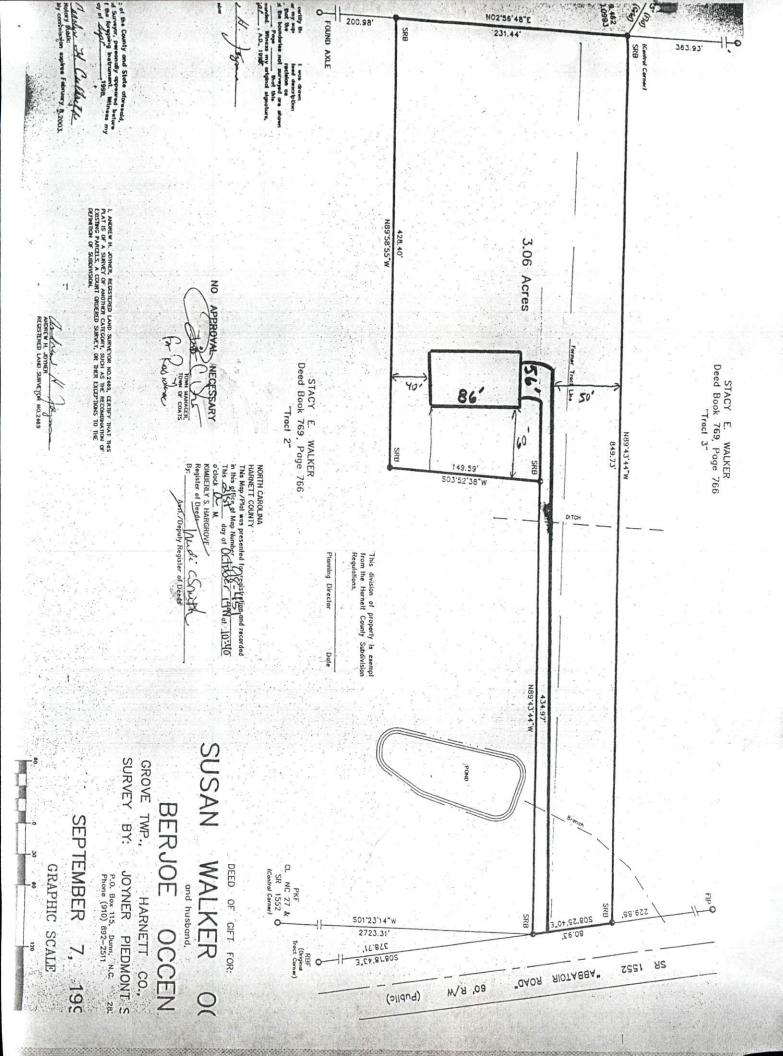
proposed buildings, garages, driveways, decks, accessory buildings, wells. and any wells within 40 feet of your

property line.



SETBACK REQUIREMENT	ACTUAL	MAXI	MINIMUM REQUIRED
Front Property Line Side Property Line Corner Side Line Rear Property Line Nearest Building Stream Percent Coverage		- - - -	
Percent Coverage		•	
Are there any other structures on this tra	No. of manufactured	homesOt	
Does the property owner of this tract of (500') of the tract listed above? Yes	land own any land the	at contains a manuf	achired home within rive hundred feet
I hereby CERTIFY that the information permit shall in every respect conform Ordinances regulating development in FREVOKES THIS PERMIT. I further tis issued.	to the terms of this	application and to VIOLATION of	o the provisions of the Statutes and the terms above stated immediately
Susan W. Occana Landowner's Signature (Or Authorized Agent)		Ē	11/9/98 Date
THIS PERMIT EXPIRES 6 MONTH THAT DATE.	S FROM THE DA	TE ISSUED IF N	O WORK HAS BEGUN BEFORE
	FOR OFFICE 1	ISE ONLY	
Copy of recorded final plat of subdivision			
Is the lot/tract specified above in complia Subdivision Ordinance Watershed Ordinance Manufactured Home Pa			
ISSUED		DENIED	
Comments:			
		_	
Zoning/Watershed Administrator			Date

7/98



'OWN OF COATS

Extra-Territorial Jurisdiction or City ZONE PERMIT

Date	e: 11- 2-98 No:
Area	Zoned As: PA
Froi	m: Name (print) Berjoe S. & Susan W. Occena Address Po Box 1038 City, State Coats NC 2752 Zip Code 2752 Phone # 910-897-2493
To:	Zoning / Town Administrator P.O. Box 675 Coats, N. C. 27521 (910) 897-5183/5184 Fax 897-2662
Rec	quest that I be issued authority to: Construct,
	ter), (Move), (Repair), or Demolish a Structure as
	scribed):
,	Stick Built - Plag Lot Deed of Heis - Family Duelly
Name	Physical Address): To be determined (near 2723 ft. Mort) of CL NC 27 & 5R 1552) e of Property Owner (if other than Applicant): le and initial): SAME (1)
	ched is a scaled or accurate plot-plan for the requested construction. tional detail may be required at the discretion of the Fown Administrator.
	Lacite .
	Signature of Applicant

**Note: A permit is required at any location inside the Town of Coats and at any location within the one (1) mile jurisdiction of the Town limits.

TOWN OF COATS

CERTIFICATE OF ZONIN	NG CONPLIANCE
NAME OF APPLICANTE BOSING S.	nd Susan W. Occipia
NAME OF APPLICANT: Berioe S. G. ADDRESS: Po Box 1038, Coats,	NC 2752 1 15 = \$
10 000 1000, 10010,	WC 21521 1- 8
	60
\$2	1 6 A
ADDRESS OF PROPOSED USE:	R1552
2723"ft. North of CL NC27+S	R1552
A STATE OF THE STA	
T	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
The Area is ZONED as: R-A	
TYPE OF CONSTRUCTION:	
Sirale Story Brick Home 4	1102 111 . 01
Ferride Orvelling - During House	.400 total squarefect
3 SAVBORN TELLS	
An entire and the second second	The state of the s
RESTRICTIONS AND LIMITATIONS (Add	itional Provisions and Instructions
for Meeting Compliance:	
tong lauling to	3
Based on the information provided by the appropriate the second was is in second to the second to th	pplicant, I certify that the
proposed use is in compliance with the Town	n of Coats Zoning Ordinance.
\sim) $d()$	1011 /-
Dry Chy	2 Cetober 58
Signature of Zoning Administrator	Date