

LAND USE PERMIT

Harnett County Planning Department
102 E. Front Street, Lillington, NC 27550
Phone: (910) 893-7525 Fax: (910) 893-2793

Permit # _____
Date _____

OWNER INFORMATION:

Name JEFFREY M + BERNADINE KULIJOF
Address 5305 BLUE SAGE DR
RALEIGH NC 27606
Phone 919-828-5380 H 410-847-6373 W

APPLICANT INFORMATION:

Name SAME
Address _____
Phone _____ H _____ W _____

PROPERTY LOCATION:

Street Address Assigned Hwy 27
SR # 27 Rd. Name _____ Township COATS Zoning District COATS
PIN _____ PARCEL _____
Subdivision _____ Lot # _____ Lot/Tract Size _____
Flood Plain _____ Parcel _____ Deed Book _____ Page _____
Watershed District _____ Plat Book _____ Page _____
Give Directions to the Property from Lillington: E421 to E27 - property on
Rt hand side 1/2 mile before intersection of
Hwy 55 + Hwy 27.

PROPOSED USE:

- ☐ Sg. Family Dwelling (Size _____ x _____) # of Bedrooms _____ Basement _____ Garage _____ Deck _____
- ☐ Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
- ☐ Manufactured Home (Size _____ x _____) # of Bedrooms _____ Garage _____ Deck _____
- ☐ Number of persons per household _____
- ☐ Business Sq. Ft. Retail Space _____ Type _____
- ☒ Industry Sq. Ft. 3000 square foot Type TOOL + DIE SHOP
- ☐ Home Occupation No. Rooms/Size _____ Use _____
- ☐ Accessory Building Size _____ Use _____
- ☐ Addition to Existing Building Size _____ Use _____
- ☐ Sign Size _____ Type _____ Location _____
- ☐ Other _____

Water Supply: ☒ County ☐ Well (No. dwellings _____) ☐ Other _____
Sewer: ☒ Septic Tank (Existing? _____) ☐ County ☐ Other _____
Erosion & Sedimentation Control Plan Required? Yes _____ No _____

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.

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



Call 667
11-10-98

LAND USE PERMIT

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

Receipt _____
Permit _____
Date _____

ORIGINAL

LANDOWNER INFORMATION:

Name JEFFREY M + BERNADE KULIJOF
Address 5305 BLUE SAGE DR
RALEIGH NC 27606
Phone 919-828-5380 H 910-897-6373 W

APPLICANT INFORMATION:

Name SAME
Address _____
Phone _____ H _____ W _____

PROPERTY LOCATION:

Street Address Assigned Hwy 27
SR # 27 Rd. Name _____ Township COATS Zoning District COATS
PIN _____ PARCEL _____
Subdivision _____ Lot # _____ Lot/Tract Size _____
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SETBACK REQUIREMENTS

ACTUAL

MAXIMUM/MINIMUM REQUIRED

Front Property Line
Side Property Line
Corner Side Line
Rear Property Line
Nearest Building
Stream
Percent Coverage

100 feet

Are there any other structures on this tract of land? No

No. of single family dwellings _____ No. of manufactured homes _____ Other (specify) _____

Does the property owner of this tract of land own any land that contains a manufactured home within five hundred feet (500') of the tract listed above? Yes No

I hereby CERTIFY that the information contained herein is true to the best of my knowledge: and by accepting this permit shall in every respect conform to the terms of this application and to the provisions of the Statutes and Ordinances regulating development in Harnett County. Any VIOLATION of the terms above stated immediately REVOKES THIS PERMIT. I further understand this structure is not to be occupied until a Certificate of Occupancy is issued.

[Signature]
Landowner's Signature
(Or Authorized Agent)

11-10-98
Date

THIS PERMIT EXPIRES 6 MONTHS FROM THE DATE ISSUED IF NO WORK HAS BEGUN BEFORE THAT DATE.

FOR OFFICE USE ONLY

Copy of recorded final plat of subdivision on file? _____

Is the lot/tract specified above in compliance with the Harnett County

Subdivision Ordinance _____

Watershed Ordinance _____

Manufactured Home Park Ordinance _____

ISSUED _____

DENIED _____

Comments:

Zoning/Watershed Administrator

Date

7/98

May 28, 1998
(Date)

From: Jeffrey M. Kulijof
JMK Tool + DIE Inc
406 N. IDA ST. P.O. Box 828
COATS NC 27521

910-897-6373
(Phone #)

(Home address: 5305 BLUE SAGE DR.

To: Zoning Administrator
Town of Coats
Coats, N. C. 27521



Request that I be issued authority to construct, (alter), (move), (repair), a Structure (described):

3000 ^{square feet} Metal Building ± 4-ft of brick in front (from ground up) Glass front door + glass windows

at (Address): Lot 7 / Septic Tank installation

Name of Owner (if other than Applicant):
SAME

Attached is a scaled (~~1/4" = 1 foot~~) plot-plan for the requested structure.
Representative.

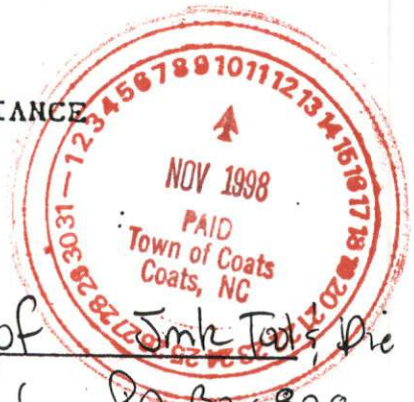
Jeff Kulijof

Signature

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

≈ 7-8 employees
2 bathrooms
1 Kitchen w/ sink

CERTIFICATE OF ZONING COMPLIANCE
TOWN OF COATS



NAME OF APPLICANT:

ADDRESS:

Jeffrey M Kulijof

Smk Tool & Die

406 N. IDA street, PO. Box 828

COATS, NC 27521

ADDRESS OF PROPOSED USE:

Lot 7 (outside city limits off HI 27)

TYPE OF CONSTRUCTION:

Tool & Die Shop - 3000 sq foot Bldg

Metal w/ Artistic Applications.

RESTRICTION AND LIMITATIONS:

REMARKS:

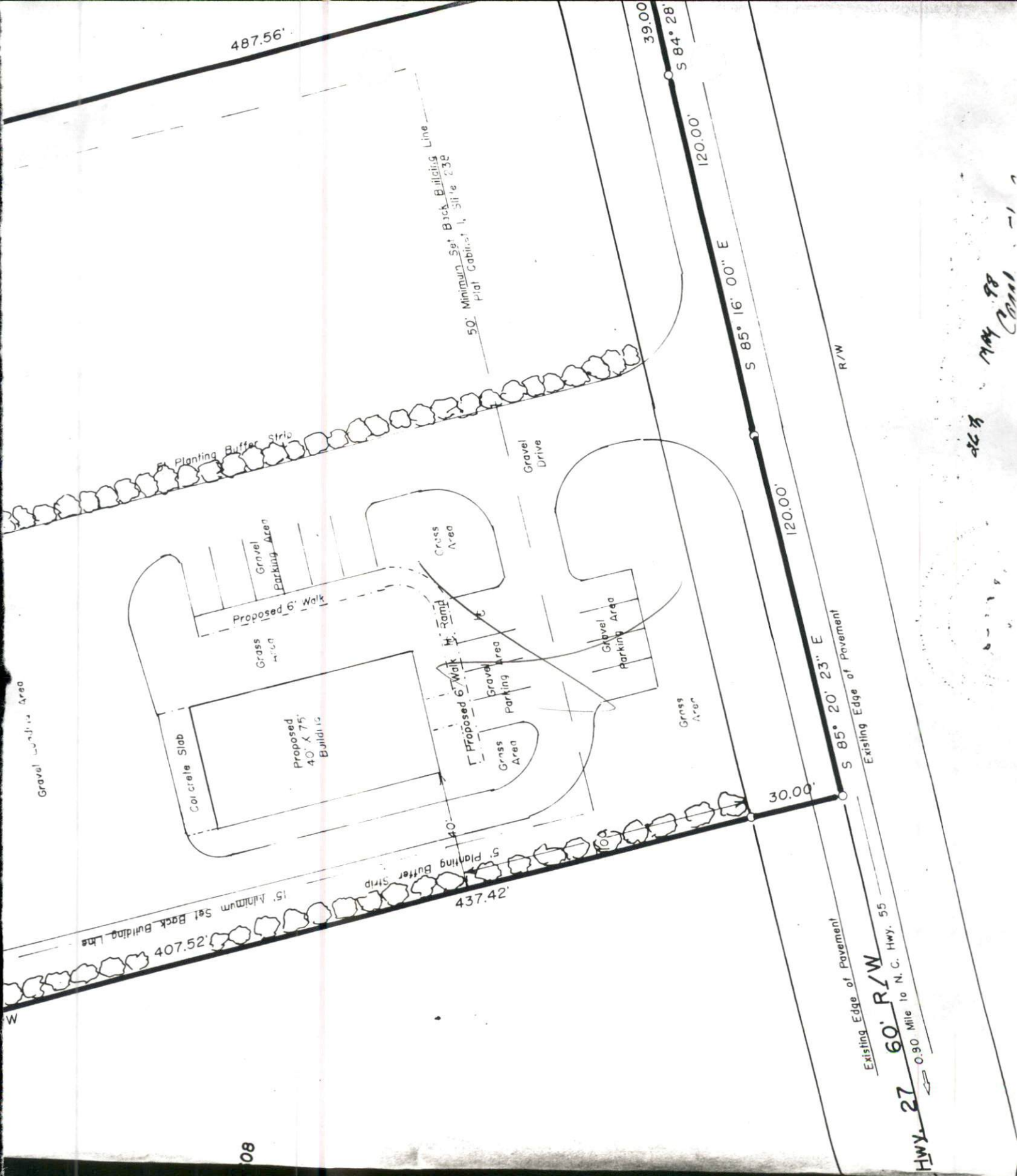
Rezoned Industry based upon Public Hearing July 29 1998.
For Septic until Sewer Development - Need
Permit for Land

Based on the information provided by the applicant, I certify
that the proposed use is in compliance with the Coats Zoning
Ordinance.

Signature of Zoning Administrator

Date

Aug 1st, 1999



08

HWY. 27 60' R/W
 Existing Edge of Pavement
 Existing Edge of Pavement
 0.90 Mile to N. C. Hwy. 55

26.8 MAY 28 1988