

**Harnett County Central Permitting**

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits  
Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)

*COATS ZONING*

Owner (s) of Structure: Mike Williams Phone: 919-770-8613  
Owner (s) Mailing Address: 302 1/2 South McKinley St Coats NC 29521

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_  
PIN # 0090-71-5913 Parcel # 07-0090-15-2400-05

Job Cost: \$400.00 Description of Work to be done \_\_\_\_\_

Mechanical: New Unit With Ductwork \_\_\_ New Unit Without Ductwork \_\_\_ Gas Piping \_\_\_ Other \_\_\_

Electrical\*: 200 Amp \_\_\_ <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other 100 Amp Service  
\* For Progress Energy customers we need the premise number storm Damage put back

Plumbing: Water/Sewer Tap \_\_\_ Number of Baths \_\_\_ Water Heater \_\_\_  
Premise # 52445824

Specific Directions to Job from Lillington: 421 Hwy to 27 Hwy go to Coats NC & turn right on 55 Hwy go past 570 light go to 5800 turn left 1/2 mile is on right behind Big House GPS gives you Carrie St which is behind house  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

APV-919-8943136

I Johnny Byrd will provide the Electrical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 20256-L, 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.

Byrd's Electrical Repair Service Inc 919-669-3843  
Contractor's Company Name Telephone

143 Mining Rd Benson NC 27504 \_\_\_\_\_  
Address Email Address

20256-L \*Call for Credit Card #  
License #

Structure Owner / Contractor Signature: Johnny Byrd Date: 8-21-18

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

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

Owner (s) of Structure: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner (s) Mailing Address: \_\_\_\_\_

Land Owner Name (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Construction or Site Address: 302 1/2 South McKindley St Coats NC

PIN or Parcel # from GIS: 29521

Job Cost: 400.00 Description of Work to be done \_\_\_\_\_

Mechanical: New Unit With Ductwork \_\_\_ New Unit Without Ductwork \_\_\_ Gas Piping \_\_\_

Electrical\*: 200 Amp \_\_\_ <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other 100 Amp Serv.  
\* For Progress Energy customers we need the premise number Storm Damage Put back

Plumbing: Water/Sewer Tap \_\_\_ Number of Baths \_\_\_ Water Heater \_\_\_ Exp

Specific Directions to Job from Lillington:

Premise # 52445824  
1127 Hwy to 27 Hwy to Coats N.C. turn right on Hwy 55  
Toward Ewin Past main St. Coats about 5 blocks on  
Right 302 1/2 South McKindley St Coats 29521

Little House behind Big House GPS gives Carrie St (St behind  
Subdivision: \_\_\_\_\_ Lot #: Front House

I Johnny Byrd will provide the Electrical labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 20256-L, 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: Byrd's Electric & Repair Phone: 919-669-3843

Address: 1437 Mirsop Rd. Benson N.C. County: Harnett

Contractor's License #: 20256-L Email Address: \_\_\_\_\_

Contractor's Signature: Johnny Byrd Date: 8-21-18

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



# 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 form along with plans shall be submitted to the Harnett County Building Inspections Department.

Permit No.: 8/28-18-1 Date: 8/28/18 Fee: \$50

Parcel ID#: 6708 90152 40005 Area Zoned As: R20

**APPLICANT:**

**PROPERTY OWNER:**

Name (Print) Michael G. Williams

Name Same

Address 302 1/2 South McKinley St.

Address \_\_\_\_\_

City, State Coats, N.C.

City, State \_\_\_\_\_

Zip Code 27521

Zip Code \_\_\_\_\_

Phone # (919) 770-8613

Phone # \_\_\_\_\_

Location of Property: IN-TOWN  ETJ \_\_\_\_\_ ETJ (contiguous) \_\_\_\_\_

Present Use of Property: \_\_\_\_\_

**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): Remove & Replace 100 amp meter box

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: Michael G. Williams

Date: 8-28-18

**ZONING ADMINISTRATOR USE ONLY**

**APPROVED**

Notes: \_\_\_\_\_

Approved:  Denied:  TOWN OF COATS ZONING VALID FOR 12 MONTHS

Zoning Administrator: Nick Volcott Date: 8/28/18

**THIS PERMIT IS VALID FOR 12 MONTHS**