

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)

Owner (s) of Structure: PLJS Properties, LLC Phone: 912-7910-3322									
Owner (s) Mailing Address: 1421 E. Broad St. Suite 343									
Fuguray-Varing, NC 27526									
Land Owner Name (s): 50ml Phone: Some									
Construction or Site Address: 784 Crawford Rd., Con-15									
PIN # Parcel #									
Job Cost:									
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:									
(Contractors Name) provide the labor on this structure.									
I am the building owner or my NC state license number is, 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.									
•									
Contractor's Company Name Telephone									
Address Email Address									
License #									
Structure Owner / Contractor Signature: Date: Da									

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

NOTE: Attach a site plan that in (including driveways, decks, etc. permit along with plans shall be), and existing structures. This	plan should be drawn	n in scala This							
Permit No.: 1-26-18-1			E CONTRACTOR DO CONTRACTOR DE LA CONTRAC							
Parcel ID*: 0705 99 01										
OWNER:	CANT:		PROPERTY							
Name (Print) PLJS	Properties	Name	same							
Address 200 784	Crawford Bd	Address								
City, State Coats	North Carolina	City, State								
Zip Code 27521	Med	Zip Code								
Phone # 919 - 669 -	6207	Phone #								
Location of Property: (contiguous)	IN-TOWN	ETJ	ЕТЈ							
Present Use of Property:										
PROPOSED USE OF PROP	ERTY:									
Single Family Dwelling: Square Feet: 1200	# Rooms: 3 #1	Bedrooms:								
Multi Family Dwelling:	Multi Family Dwelling: # of Units: #Bedrooms (per unit):									
Quare Feet (per unit) Single wide: Double Wide: Double Wide: Double Wide: Double Wide: Section 16, Zoning Ordinance must apply Total # of employees per day Type of										
Others (specify):										
[] Existing structure: Demolish:	Renovate:	Addition:								
✓ Existing		Public	Proposed							

1]Existing	Sewer:	Privat	c some [1 Public	1	Proposed		
CU	pplicant: I certify implete, and accur jection of the appl	ate to the bes	e informatio t of my know	n presen wledge.	ted in this a False inform	pplica ation	tion is true, is grounds	for	
Si	gnature:	C/w					Date:	9/26/2018	
N	oles: Renovation	ZONIN	G ADMINIS	TRATOI	R USE ONL	Y		d for all	
	Na.		Approved:	1/1	n	enied:	-11		
C	ONTROL Forms.		1 11					1 .	
Zoning Administrator: Mick Holcom						L	Date: 9/26/18		
			THIS DEDM	ur ie v	U In ron		A DIRECTOR		

THIS PERMIT IS VALID FOR 12 MONTHS

TOWN OF COATS ZONING
VALID FOR 12 MONTHS

TOWN OF COATS

ZONING PERMIT APPLICATION

Post Office Box 675 • Coats, North Carolina 27521 (910) 897-5183 voice • (910) 897-2662 fax