

**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: Coats Chamber Commerce Phone: 910-237-1423

Owner (s) Mailing Address: PO Box 667  
Coats NC 27521

Land Owner Name (s): Coats Chamber Phone: 910-237-1423

Construction or Site Address: E Main Street in Coats & Graham St Coats

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: \_\_\_\_\_ 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 \_\_\_  
\* 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 Tommy Portier will provide the Ele labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 4910, 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.

Coats Area Chamber of Commerce  
Contractor's Company Name

910-237-1423  
Telephone

PO Box 667 Coats N.C.  
Address

chamber@coatschamber.com  
Email Address

4910  
License #

Structure Owner / Contractor Signature: Pat Godwin Date: Oct. 4, 2018

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 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.: 10-2-18-1 Date: 10/2/18 Fee: 0
Parcel ID\*: NA Area Zoned As: NA

APPLICANT:

PROPERTY OWNER:

Name (Print) Coats Chamber of Commerce Name Same
Address 29 E Main St. Address
City, State Coats, NC City, State
Zip Code 27501 Zip Code
Phone # 910-897-6213 Phone #

Location of Property: IN-TOWN [checked] 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):

[ ] Existing structure: Renovate: Addition: Demolish:

WATER AND SEWER SUPPLY:

Water: [ ] Private [checked] Public [ ] Proposed [ ] Existing
Sewer: [ ] Private [checked] 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: Date:

ZONING ADMINISTRATOR USE ONLY

Notes: Electric for Coats Farmer's Day Event.

APPROVED

TOWN OF COATS ZONING VALID FOR 12 MONTHS

Approved: [checked] Denied: [ ]
Zoning Administrator: Nick Holcomb Date: 10/2/18

THIS PERMIT IS VALID FOR 12 MONTHS