

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. Also, in order to receive a Privilege License from the Town of Coats to open a business, you must have a valid Zoning Permit, along with all applicable inspections from Harnett County.

Permit No.: 8-19-21-2 Date: 8/19/21 Fee: 150, 00
Parcel ID*: 071600010015 28 Area Zoued As: R-20 Residential
APPLICANT: COCOON HOME ENERGY LLC PROPERTY OWNER:
Name (Print) Nicholas Schwarzer Name Aguilar Armando Cruz
Address 3109 Renaissance Park Pl Address 135 Park 6
City, State Cary, NC City, State Coats, NC
Zip Code 27513 Zip Code 27521
Phone # 919 - 805 - 0106 Phone # (919) 244 - 0594
Location of Property: IN-TOWN / ETJ ETJ (contiguous)
Present Use of Property: Residence
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):
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
[] Others (specify):
[] Others (specify): [Existing structure: Renovate: Addition: Demolish:
[] Others (specify): [Matter and Sewer Supply: Water: [] Private [] Proposed [] Existing Sewer: [] Private [] Proposed [] Existing Sewer: [] Private [] 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. Folse information is grounds for rejection of the application.
[] Others (specify): [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: Date: 8/19/21
[] Others (specify): [Matter and Sewer Supply: Water: [] Private [] Proposed [] Existing Sewer: [] Private [] Proposed [] Existing Sewer: [] Private [] 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. Folse information is grounds for rejection of the application.
Others (specify):

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