



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.: ¹⁻³⁻²³⁻¹ 5204560169 Date: 01/03/2023 Fee: \$50

Parcel ID*: 07069016040002 02 Area Zoned As: RMST

APPLICANT:

PROPERTY OWNER:

Name (Print) Same.

Name Robert Harold Dixon

Address _____

Address P.O. Box 849

City, State _____

City, State Coats NC

Zip Code _____

Zip Code 27521

Phone # _____

Phone # 910-659 9235

Location of Property: IN-TOWN ETJ _____ ETJ (contiguous) _____

Present Use of Property: Rental

PROPOSED USE OF PROPERTY:

Single Family Dwelling: # Rooms: 5 # Bedrooms: 2 Square Feet: 732
 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): Repairs

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: R. Harold Dixon Date: 1-3-2023

ZONING ADMINISTRATOR USE ONLY

Notes: Electrical Inspection

Approved: Denied:

Zoning Administrator: Nick Holcomb Date: 1-3-2023

THIS PERMIT IS VALID FOR 12 MONTHS