

Application # _____

Harnett County Central Permitting

Mailing Address - PO Box 65 Lillington, NC 27546 – Physical Address – 420 McKinney PKWY Lillington NC 27546

Ph.: 910-893-7525 - Fax: 910-893-2793 - www.harnett.org/permits

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

Owner (s) of Structure: Jose Retana Phone: _____

Owner (s) Mailing Address: 110 West Parrish St
Coats NC 27521

Land Owner Name (s): Jose Retana Phone: 919) 795 1918

Construction or Site Address: 110 W Parrish St Coats NC 27521

PIN # _____ Parcel # 07069015200004

Job Cost (Required): \$25,000 Description of Work to be done Box a Pasar cables electricos de mi casa al storage

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 1 Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Randal Madril will provide the Electricidad labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 29238, 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.

Electrical Innovators
Contractor's Company Name
PO Box 73 Angier NC 27501
Address

919 279 7177
Telephone
Email Address

License # 29238

Structure Owner / Contractor Signature: [Signature] Date: 2-23-24

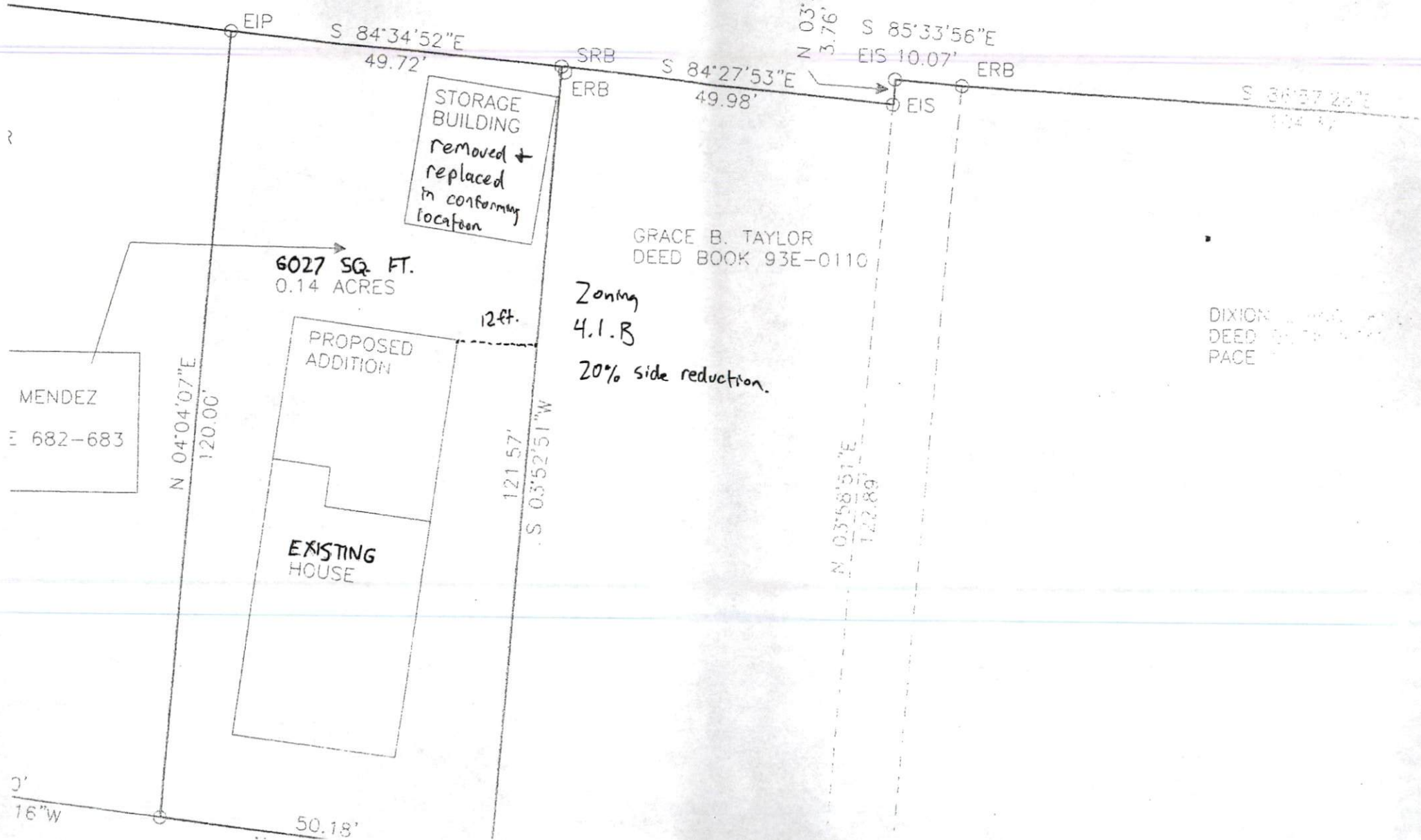
By signing this application, you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

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

Faxed or Mailed application could have an approximately 1-5 day process time

NORTH FROM

TIMOTHY BRADLEY BYRD
JAMIE MCLEOD BYRD
DEED BOOK 3551,
PAGE 612



MENDEZ
E 682-683

6027 SQ. FT.
0.14 ACRES

PROPOSED
ADDITION

EXISTING
HOUSE

GRACE B. TAYLOR
DEED BOOK 93E-0110

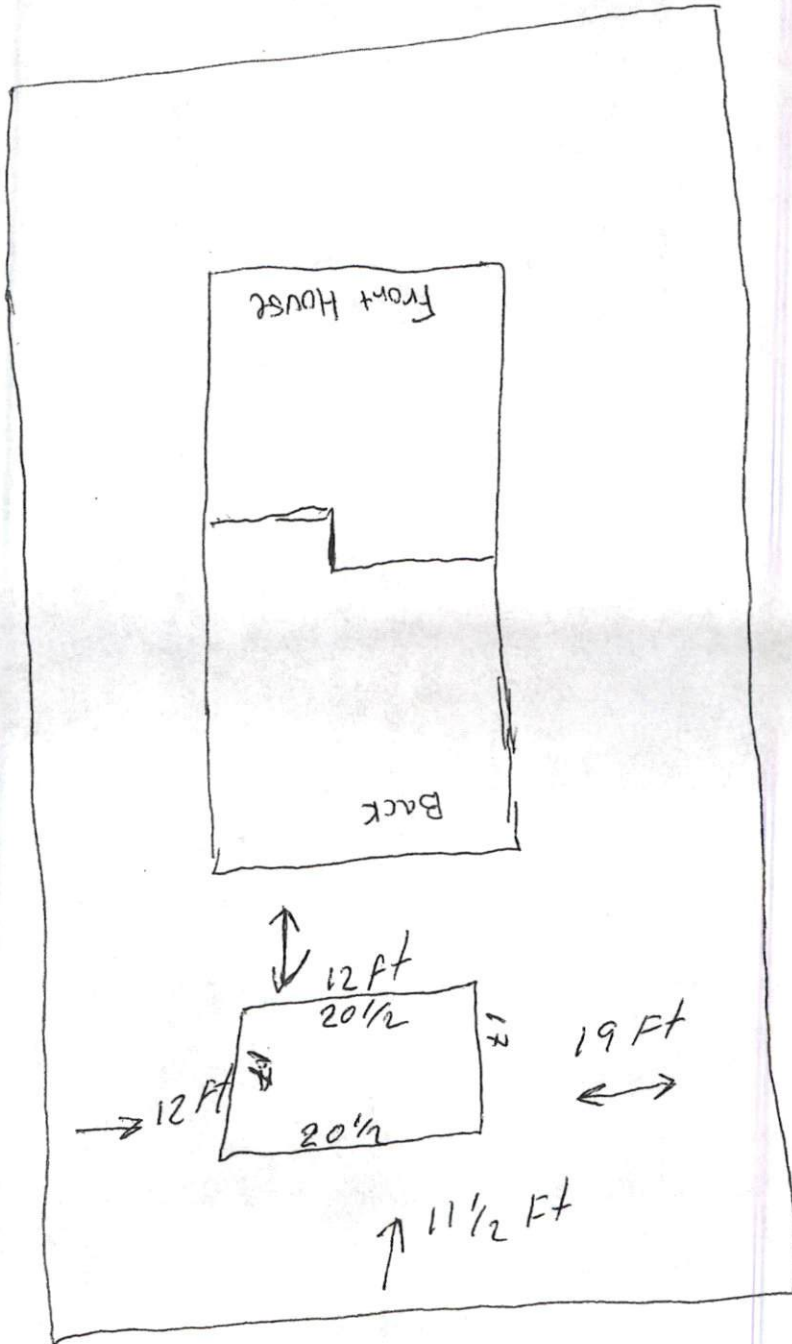
Zoning
4.1.B
20% side reduction.

DIXON
DEED
PAGE

2'
16"W

50.18'

Site Plan.





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.: 2-23-24-1 Date: 2/23/24 Fee: \$50

Parcel ID*: 07669015200004 Area Zoned As: RMST
110 W. Parrish St.

APPLICANT:

PROPERTY OWNER:

Name (Print) Jose Retana
Address 110 west Parrish St
City, State Coats NC
Zip Code 27521
Phone # 919) 795 19-18

Name Jose Retana
Address 110 W Parrish st
City, State Coats NC 27521
Zip Code 275021
Phone # 919) 795 19 18

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

Present Use of Property: Residential

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): Add Storage Building. Electrical to come within 6 months.
- 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: [Signature] Date: _____

ZONING ADMINISTRATOR USE ONLY

Notes: Framing complete prior to request for permit.
Removed prior non-conforming storage building
Approved: Denied:

Zoning Administrator: Nick Holak Date: 2/23/24

THIS PERMIT IS VALID FOR 12 MONTHS

APPROVED
TOWN OF COATS ZONING
VALID FOR 12 MONTHS