

\* scan into permit

Application # EEES 2404-0067

**Harnett County Central Permitting**

420 McKinney Pkwy / PO Box 65 Lillington, NC 27546 – centralpermitting@harnett.org  
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: Celestine Narvaez Gutierrez Phone: 919-539-8488  
Owner (s) Mailing Address: 121 Crawford Rd, Coats

Land Owner Name (s): Same as above Phone: 919-539-8488  
Construction or Site Address: 121 Crawford Rd  
PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost (Required): \$200 Description of Work to be done Replace main breaker box.

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 #: \_\_\_\_\_

Celestine (owner) will provide the Electric labor on this structure.  
(Contractors Name) (Trade)

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: 4/30/24

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**



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.: 4-30-24-1 Date: 4-30-24 Fee: 0

Parcel ID\*: 07069015290003 Area Zoned As: RMST
121 Crawford Rd-

APPLICANT:

PROPERTY OWNER:

Name (Print) Same
Address
City, State
Zip Code
Phone #

Name Celestino Narvaez Gutierrez
Address 121 Crawford, rd
City, State Coats, N.C
Zip Code 27521
Phone # 919-539-8488

Location of Property: IN-TOWN [checked] ETJ ETJ (contiguous)

Present Use of Property:

PROPOSED USE OF PROPERTY:

- [x] 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
[x] Others (specify): Electrical replace meter box
[ ] Existing structure: Renovate: Addition: Demolish:

WATER AND SEWER SUPPLY:

Water: [ ] Private [x] Public [ ] Proposed [ ] Existing
Sewer: [ ] Private [x] 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: 4-30-24

ZONING ADMINISTRATOR USE ONLY

Notes: Electrical permit - replace meter box

Approved: [x] Denied: [ ]

Zoning Administrator: Nick Hall Date: 4/30/24

