



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.: 66-19-1 Date: 6/6/19 Fee: 0

Parcel ID\*: 070696 0129 03 Area Zoned As: RA

APPLICANT:

PROPERTY OWNER:

Name (Print) LaRetta Gail McLamb
Address 1055 NC 55 west
City, State Coats NC
Zip Code 27521
Phone # 910 213-7374

Name Gail S. McLamb
Address 1035 NC 55 west
City, State Coats NC
Zip Code 27521
Phone # 910 897 4467

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

Present Use of Property: My House

PROPOSED USE OF PROPERTY:

[X] Single Family Dwelling: # Rooms: 7 # Bedrooms: 3 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 [X] Public [ ] Proposed [ ] Existing
Sewer: [X] 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: LaRetta Gail McLamb Date: 6-6-19

ZONING ADMINISTRATOR USE ONLY

Notes:

Approved: [X] Denied: [ ]
Zoning Administrator: Nick Holcomb Date: 6/6/19



THIS PERMIT IS VALID FOR 12 MONTHS