

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

Owner (s) of Structure: Gail S McLamb Phone: 910 8976467

Owner (s) Mailing Address: 1035 NC 55 west
Coats NC 27521

Land Owner Name (s): Gail S McLamb Phone: _____

Construction or Site Address: 1055 NC 55 west Coats

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done: Plumbing Conections

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 #: _____

I _____ will provide the _____ 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.

owner
Contractor's Company Name Telephone
Address Email Address
License #

Structure Owner / Contractor Signature: Laketta L McLamb Date: 6-6-19

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**



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*: 070690 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

APPROVED TOWN OF COATS ZONING VALID FOR 12 MONTHS

THIS PERMIT IS VALID FOR 12 MONTHS

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