Application :	#
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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: <u>FICKUSIMMONS</u> Phone: <u>910-984-7121</u>			
Owner (s) Mailing Address: 19 E D001eM ST			
coats NC 27521			
Land Owner Name (s): YICKY SIMMONS Phone:			
Construction or Site Address: 19 E D001EY ST			
PIN # Parcel #			
Job Cost: \$2000 Description of Work to be done replacing 20 Ft 0 F Water line that 5 leaking			
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 #:			
Gentractors Name) will provide the Plumbing labor on this structure.			
Gentractors Name) will provide the Plumbing labor on this structure.			
I Gentractors Name) will provide the Plumbing labor on this structure.  (Contractors Name) (Trade)  I am the building owner or my NC state license number is 180 59 , which entitles me to			
I Gentractors Name) will provide the Plumbing labor on this structure.  (Contractors Name) (Trade)  I am the building owner or my NC state license number is 1810 59 , 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.  Gam Will's Plumbing, nc. 919-894-2987			
I am the building owner or my NC state license number is 180 59 , 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.  Gam Will's Plumbing, nc.  Contractor's Company Name  2858 Bailey Rd Coats 21521  Address  will provide the Plumbing labor on this structure.  (Trade)  I abor on this structure.  (Trade)  I apply 59  I apply 10 apply			
I Gary Willis will provide the Plumbing labor on this structure.  (Contractors Name)  I am the building owner or my NC state license number is 18159, 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.  Cam Willis Plumbing, In C.  Contractor's Company Name  2858 Bailey Rd Coats 21521  Address  Address  Address  Address  Com			
I am the building owner or my NC state license number is 180 59 , 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.  Gam Will's Plumbing, nc.  Contractor's Company Name  2858 Bailey Rd Coats 21521  Address  will provide the Plumbing labor on this structure.  (Trade)  I abor on this structure.  (Trade)  I apply 59  I apply 10 apply			

<sup>\*</sup>Company name, address, & phone must match information on license



## 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. Also, in order to receive a Privilege Licensa 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.: 11-29-22- Dute: 11/29/22			
Parcel ID*: 07069016060004 Area Zoned As: 8M5T			
APPLICANT:	PROPERTY OWNER:		
Name (Print) Gary Willis Plumbing	Name RICKY SIMMONS		
Address 2858 BONLEY Rd	Address 19 F DODLEY ST		
City, State COOTS NC	City, State COats 21521		
Zip Code 2752	Zip Code 27521		
Phone # 919-894-2987 Phone # 910-984-7121			
Location of Property: IN-TOWN ETJ ETJ (contiguous)			
Present Use of Property: YESIAENCE			
PROPOSED USE OF PROPERTY:			
Colored Bendly Dwelling: # Rooms: # Bedrooms: Square Feet:   How			
Water: [ ] Private [ Pul Sewer: [ ] Private [ Pul			
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: 112922			
ZONING ADMINISTRATOR USE ONLY Notes:			
Approved: [\lambda Zoning Administrator: \textsquare \	Denied: []		
Post Office Box 675 • Coat	s, North Carolina 2/521		
(910) 897-5183 voice •	s, North Carolina 27521 (910) 897-2662 fax  TOWN OF COATS ZONING VALID FOR 12 MONTHS		