a	17/11	118
Initial Application Date:	1241	

Application # SFD	1869-6031	
CU#		

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

108 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION Castle Operations In C Mailing Address: 1317 Spence Mill Rd State: NCZip: 17516 Contact No: 919-889-5738 Email: FreeDOM CONSTRUCTORS In Mailing Address: P.O. Box 608 State: NC Zip: 28335 Contact No: 910-892-1231 Email: + tart. Freedom Boutlook Con CONTACT NAME APPLYING IN OFFICE: Timothy TAR I PROPERTY LOCATION: Subdivision: _ State Road Name: N Poole Parcel: 0706901602003001 PIN: 0(090-910-90(A7, D) Zoning: R20 Flood Zone: No Watershed: Deed Book & Page: 1196/ New structures with Progress Energy as service provider need to supply premise number PROPOSED USE: Monolithic SFD: (Size 44 x 28) # Bedrooms: 7 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: (Is the bonus room finished? (__) yes (__/ no w/ a closet? (__) yes (_/) no (if yes add in with # bedrooms) x____) # Bedrooms____ # Baths___ Basement (w/wo bath)____ Garage:____ Site Built Deck:____ On Frame____ Off Frame_ (Is the second floor finished? (___) yes (___) no Any other site built additions? (___) yes (___) no Manufactured Home: SW DW TW (Size x) # Bedrooms: ___ Garage: __ (site built? ___) Deck: __ (site built? ___) Duplex: (Size ____x ___) No. Buildings: _____ No. Bedrooms Per Unit: Home Occupation: # Rooms: _____ Use: ____ Hours of Operation: #Employees: Addition/Accessory/Other: (Size ____x ___) Use: _____ Closets in addition? (___) yes (___) no Water Supply: County V Existing Well _____ New Well (# of dwellings using well ______) *Must have operable water before final Sewage Supply: _____ New Septic Tank (Complete Checklist) ____ Existing Septic Tank (Complete Checklist) ____ County Sewer Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? (___) yes (___) no Does the property contain any easements whether underground or overhead ($\frac{V}{V}$) yes (___) no Manufactured Homes:_____ Other (specify): Structures (existing or proposed): Single family dwellings:_ Required Residential Property Line Setbacks: Comments: Minimum Actual Front Rear

Residential Land Use Application

Closest Side

Sidestreet/corner lot

Nearest Building on same lot

03/11

Sep. 25. 2018 9:30AM COATS

ZONING PERMIT APPLICATION

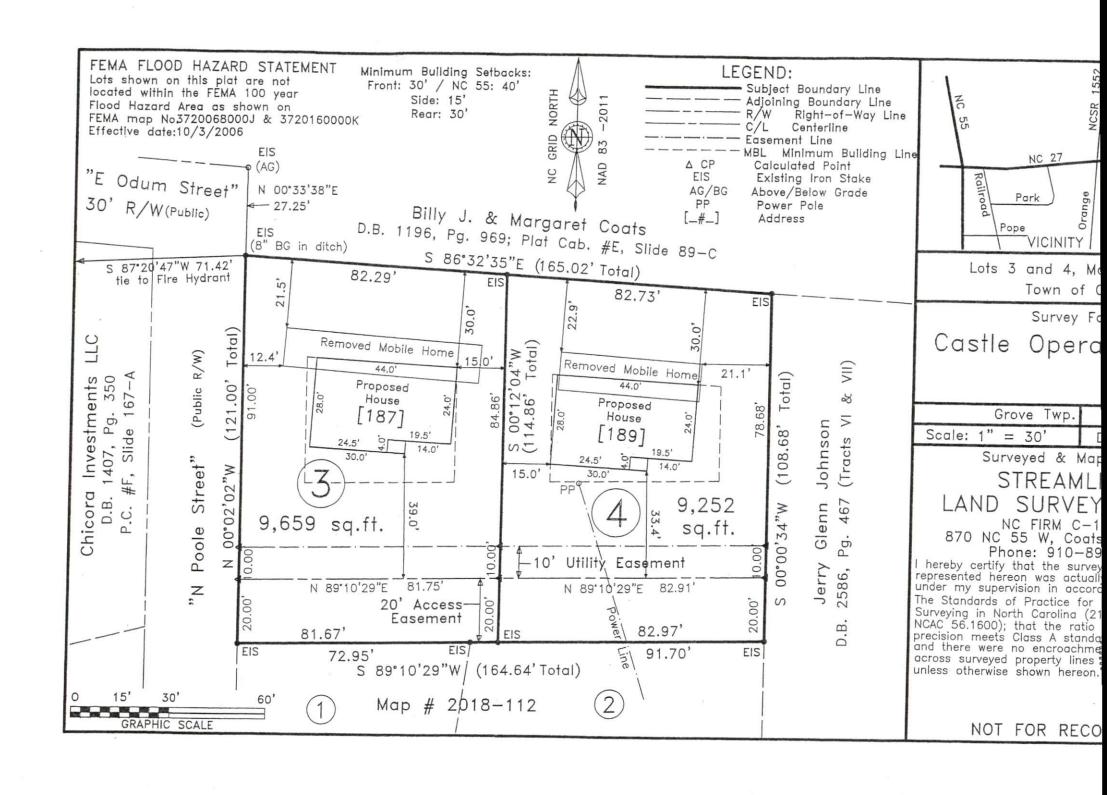
NOTE: Attach a site plan that includes property lines (front, side, and rear), location of proposed structures (including driveways, decks, etc.), and existing structures. This plan should be drawn to scale. Also, in order to receive a Privilege License from the Town of Coats to open a business, you must have a valid Zoning Permit, along with all applicable inspections from Harnett County.

Permit No.: 8-27-18-1	Date: 8/27/18	Fee : 15	0	
Parcel ID#: 070690160	20030 01	Area Zoned As	: <u>RZō</u>	
APPLIC	CANT:		PROPE	RTY OWNER:
Name (Print) Ryan		Name	Castle Op	erations Inc.
Address 187 N Poole S	+	Address	PO BOX	
City, State Conts, NC		City, State	Francy Va	alay NC
Zip Code 27521			27526	
Phone # 119- 889-5	728		914-889	
Location of Property:	IN-TOWN X	ETJ _	ETJ	(contiguous)
Present Use of Property:				
PROPOSED USE OF PROP		W.		
X Single Family Dwelling: Multi Family Dwelling: Mobile Home (single lot): Mobile Home Park: Business: Others (specify):	Section 16, Zoning Ordin Total # of employees p	Double Wide:		Square Feet: 1154 Square Feet (per unit) ype of business
] Existing structure:	Renovate:	Addition:		Demolish:
WATER AND SEWER SUP	PLY:			
Water Sewer	: [] Private [Public []	Proposed	[×]Existing
Applicant: I certify that all o best of my knowledge. False	nformation is grounds for	ed in this application rejection of the ag	on is true, com pplication.	mplete, and accurate to the
Signature:			Date:	8/27/18
Votes:	ZONING ADMINI	STRATOR USE OF	NLY	APPROVED
oning Administrator:	Approved: [1]	Denied: Dat	[] te: <u>8/27/</u>	TOWN OF COATS ZONING VALID FOR 12 MONTHS
				The second secon

Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

Application for Residential Building and Trades Permit

Owners Name Castle Operations Inc	Date 9-24-18			
Site Address 187 N. Pade St Lot3 COAts	NC Phone 919-889-5728			
Directions to job site from Lillington				
Directions to job site from Limington				
	Lot			
Description of Proposed Work New SFP				
Description of Proposed Work	# of Bedrooms			
Heated SF 1154 Unheated SF 22 Finished Bonus Room? No. 1154 General Contractor Information	Crawl Space Slab _V			
FREEDOM Constenctors Inc	910-892-1231			
Building Contractor's Company Name	Telephone			
Po Box 668 Dunn, NC 28335	Hartafreedom onstructors. (0)			
Address	Email Address			
1/590				
License #				
Description of Work Wilt New the Service Size	200 Amps T-Pole Ves No			
Jason H Pope Electrical Contractors	919-820-0837			
Electrical Contractor's Company Name	Telephone			
81 Beaver (reek Dr. Dunn NC 28334	hpeletrical Chotua, . COM			
Address	Email Address			
# 27284 - u				
License # Mechanical/HVAC Contractor Inform	nation			
Description of Work HVAC New House				
JAM Heuting + Air Inc	910-897-5501			
Mechanical Contractor's Company Name	Telephone			
724 Turlington Pd, Dunn, NC 28334	jandahvac@conturylink.net			
Address	Email Address			
17164				
License #				
Plumbing Contractor Information				
Description of Work Plumb new honse	_# Baths			
Gilbert Plumbing Co	910.567-636			
Plumbing Contractor's Company Name	Telephone apcile introtur. net			
1638 Tinothy Rd, Dunn, NC 28334	Email Address			
Address	Email Address			
license #				
Insulation Contractor Information				
Insulating Inc 5902 Fagethville Rd Pakigh	NC 919-772-9000			
Insulation Contractor's Company Name & Address	Telephone			



DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 923428

Filed on: 09/25/2018 Initially filed by: freedomconstructors

Designated Lien Agent

Project Property

Print & Post

Investors Title Insurance Company

Online: www.liensnc.com

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

27601

Phone: 888-690-7384 Fax: 913-489-5231

Email: support@liensnc.com made support@liensnc.com

187 N Poole ST Coats, NC 28335 Harnett County

Property Type

1-2 Family Dwelling

Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Castle Operations Inc PO Box 1109 Fuquay-Varina , NC 28335 United States

Email: ttart.freedom@outlook.com

Phone: 919-898-5728

Date of First Furnishing

10/01/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384