



Initial Application Date: _____

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 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

LANDOWNER: T+L Coats, LLC Mailing Address: 165 Somerville Park Rd.
City: Raleigh State: NC Zip: 27603 Contact No: (910) 890-3256 Email: wrbarefoot@yahoo.com

APPLICANT*: Same Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Robert Barefoot Phone # (910) 890-3256

ADDRESS: TBD South Church St. PIN: _____
Coats, NC

DEED OR OTP: _____

PROPOSED USE:

SFD: (Size 16 x 39) # Bedrooms: 2 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab:
(Is the bonus room finished? yes no w/ a closet? yes no (if yes add in with # bedrooms)

Mod: (Size _____ 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 _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: _____ New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

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 yes no

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: _____ Other (specify): _____

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Robert Barefoot, Member
Signature of Owner or Owner's Agent

5-31-19
Date

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

*This application expires 6 months from the initial date if permits have not been issued**

APPLICATION CONTINUES ON BACK

strong roots • new growth

strong roots • new growth



TOWN OF 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. This permit along with plans shall be submitted to the Harnett County Building Inspections Department.

Permit No.: 5-30-19-1 Date: 5/30/19 Fee: \$300

Parcel ID*: 07069015230002 (10-21) Area Zoned As: R-20

APPLICANT:

PROPERTY OWNER:

Name (Print) T+L Coats, LLC

Name - Same -

Address 105 Somerville Park Rd.

Address _____

City, State Raleigh, NC

City, State _____

Zip Code 27603

Zip Code _____

Phone # (910) 890-3256 - Robert

Phone # _____

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

Present Use of Property: _____

PROPOSED USE OF PROPERTY:

- Single Family Dwelling: # Rooms: _____ # Bedrooms: _____ Square Feet: _____
- Multi Family Dwelling: # of Units: 12 #Bedrooms (per unit): 2 Square Feet (per unit) 1000sf
- 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 Public Proposed Existing
 Sewer: 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: Walter R. Rios, Member Date: 5-30-19

ZONING ADMINISTRATOR USE ONLY

Notes: _____ **APPROVED**

Approved: Denied:
 Zoning Administrator: Nick Holcomb Date: 5/30/19

TOWN OF COATS ZONING
VALID FOR 12 MONTHS

THIS PERMIT IS VALID FOR 12 MONTHS



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: T+L Coats, LLC Date: 5-31-19
Site Address: TBD South Church St., Coats, NC Phone: (910) 890-3256
Subdivision: _____ Lot: _____
Description of Proposed Work: construction of a 4-unit multi-family dwelling

General Contractor Information

William Robert Barefoot (910) 890-3256
Building Contractor's Company Name Telephone
P.O. Box 1411, Coats, NC 27521 wrbarefoot@yahoo.com
Address Email Address
49822

Electrical Contractor Information

Description of Work installation of electrical system Service Size: 200 Amps T-Pole: Yes No
Wester + Pace Electric, Inc. (919) 499-5389
Electrical Contractor's Company Name Telephone
614 Leslie Rd. _____
Address Email Address
U. 12007

Mechanical/HVAC Contractor Information

Description of Work installation of HVAC system
J+M Heathy + Air Condition Co., Inc. (910) 897-5501
Mechanical Contractor's Company Name Telephone
724 Turlington Rd., Dunn, NC 28334 _____
Address Email Address
L. 17164

Plumbing Contractor Information

Description of Work installation of plumbing system # Baths 2
Fred Arthur Chris Lecuyer III (910) 676-1925 / 919-894-7270
Plumbing Contractor's Company Name Telephone
115 Keyman Drive, Coats, NC 27521 _____
Address Email Address
L. 30173

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

5-31-19
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: [Signature], Member Date: 5-31-19