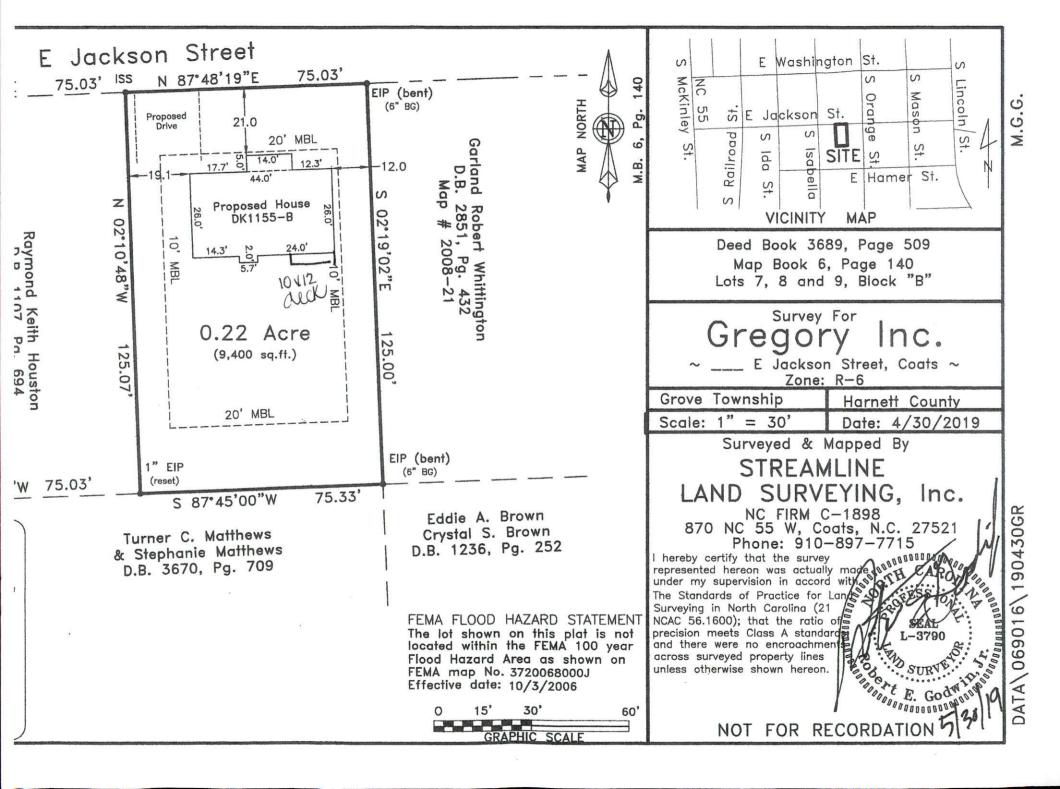


ZONING PERMIT APPLICATION

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.

Address	Permit No.: 6-5-19-1 Date: 6-5-19 Fee: 450				
Name (Print) Gregory Inc. Address Gregory I	Parcel ID*: 07069016370002 Area Zoned As: R-6				
City, State					
City, State	Name (Print) Gregory Inc Name Gregory Inc				
Zip Code	Address 62EMcLus 87				
Phone # 919-422-8130 Location of Property: IN-TOWN	City, State Same 27501				
Present Use of Property: Present Use of Property: Valuate V	Zip Code Zip Code				
Present Use of Property:	Phone # 919-422-8130				
PROPOSED USE OF PROPERTY: Multi Family Dwelling:	Location of Property: IN-TOWN ETJ ETJ (contiguous)				
Mobile Home (single lot): #Rooms: #Bedrooms: Square Feet: 1/5 Mobile Home (single lot): Single wide: Double Wide: Section 16, Zoning Ordinance must apply Business: Total # of employees per day Type of business Others (specify): Demolish: Water: Private Public Proposed Existing Sewer: Private Public Proposed Proposed Existing Sewer: Private Public Proposed Pro	Present Use of Property: Valant Cot				
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): Demolish:	PROPOSED USE OF PROPERTY:				
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: Date:	[] Mobile Home (single lot): Single wide: Double Wide: Double Wide: Section 16, Zoning Ordinance must apply				
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: Date:	[] Existing structure: Renovate: Addition: Demolish: WATER AND SEWER SUPPLY:				
Notes: Date: 6-5-19	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				
Notes: ZONING ADMINISTRATOR USE ONLY APPROVED	best of my knowledge. False information is grounds for rejection of the application.				
Approved: [\int Denied: [] TOWN OF COATS ZONING VALID FOR 12 MONTHS	Signatures Date: 6-5-19				
Approved: [] Denied: [] VALID FOR 12 MONTHS	ZONING ADMINISTRATOR USE ONLY APPROVED Notes:				
Zoning Administrator: 7/10/ Holcon Date: 6-3-19	Approved: [] Denied: [] VALID FOR 12 MONTHS				
	Zoning Administrator: 7/10/ Holcon Date: 6-3-19				





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

of all liberioe.	
Owner's Name: Gregory Inc. Site Address: E. Jackson St. (Unassguedada Subdivision: N/A	Date: 6-5-19
Site Address: E. Jackson St. (Unassquedada	less atn Phone: 919 - 422-8130
Subdivision: N/A	Lot:
Description of Proposed Work: Buld now house	
General Contractor Information	
Building Contractor's Company Name	919-422-8130
Building Contractor's Company Name	Telephone
62 E. MeIver St Angier Address	919-422-8130 Telephone Stegory inclarman Danil. (s) Email Address
36220	
License #	
Description of Work Descripti	200 Amps T-Pole: Yes \(\text{No}\)
our let new house	910 -
Electrical Contractor's Company Name	Telephone
100 Hidden Creek Los Lillington	
Address	Email Address
24311 - L License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work Poler Bear HVAC - New	harrion harris
5/2 old Stage of Coats NC	Bio. VSD
Mechanical Contractor's Company Name	Telephone
Address	Email Address
30048	
License #	_
Plumbing Contractor Informatio	
Description of Work New house	#Baths 2 919 - 422 - 2231
Plumbing Contractor's Company Name	713 - 922 - 231 Telephone
239 Millwood Dr Angre	relephone
Address	Email Address
17735 License #	
Insulation Contractor Informatio	<u>n</u>
Insulating fac	9/9-772-9000
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 bysigning 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 of Owner/Contracto Officer(s) of Corporation

6-5-19 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: Date: 6-5-79		

Application # _____

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Permit in Town Zoning/Areas Zoned by Municipalities

		pplicant Information:		
Name	e: Gregory Inc ess: 62 E. Mc Iver St	lame:address:		
Addre	ess: 62 E. Mc Iver St	address: Same		
Phone	mg.er NC 27501 e: 919-422-8130	Phone:		
FIIONE	e. 9119 - 7 22-8130 /	none		
Property Location: E911 Address: E. Jackson St State Road#: Parcel Number: 07069016370002 PIN: 0690 - 82 - 7752. 000				
Subdi	livision: PM Park Lake	Lot Number:		
Lot Si	lize: 422 /75x175 Zoning: Pesidonic	Power Co*: Dike Energy		
* New s	livision: RM Couts Lots lize: 22 (75x125) Zoning: Residential structures with Progress Energy must provide premise number	per from Progress Energy		
Specific Directions to Job from Lillington: Take hung 27 from Buses Creek to Coak, too Rt onto hung 55, go other next stop light, go 2 Blocks & turn left onto Jast, go 3 blocks, 2nd Lot on Rt after crossing over Isabella St				
Propo	osed Use:			
4	Single Family Dwelling (Size: 26 x 46 Basement: Basement w/ Plumbing:) # of Bedrooms: Deck: <u> ox 2</u> Slab or Crawl Space		
()	Multi Family Dwelling # of Units:	# of Bedrooms/Units:		
()	Manufactured Home (Size: x Garage: Deck:) # of Bedrooms:		
()	Business Square Footage Retail Space:	Type:		
()	Industry Size: Type:_	Use:		
()	Home Occupation # of Rooms:	Use:		
()	Addition to Existing Building Size:	Use:		
()	Other:			
Water Supply: () County () Well (YOther - Town of County Sewage: () New Tank (Complete septic checklist) () Existing Septic (Complete septic checklist) (YSewer There is a \$750.00 charge for new tanks, \$100 for existing tanks. This approval is subject to revocation if the intended use of the septic system changes or if false information is provided on this application. Your signature below certifies all information above is correct.				
Applic	cant Signature:	Date:		

Print this page



Property Description:

75X125 3 LOTS R M COATS JACKSON ST

Harnett County GIS

PID: 07069016370002

PIN: 0690-82-7752.000

REID: 0014358

Subdivision:

Taxable Acreage: 3.000 LT ac

Caclulated Acreage: 0.22 ac

Account Number: 1500008137

Owners: GREGORY INC

Owner Address: 45 COMMERCIAL PARK LANE ANGIER, NC 27501

Property Address: E JACKSON ST COATS, NC 27521

City, State, Zip: COATS, NC, 27521

Building Count: 0

Township Code: 07

Fire Tax District: Coats Grove

Parcel Building Value: \$0

Parcel Outbuilding Value: \$0

Parcel Land Value: \$18000

Parcel Special Land Value: \$0

Total Value: \$18000

Parcel Deferred Value: \$0

Total Assessed Value: \$18000

Neighborhood: 00765

Actual Year Built:

TotalAcutalAreaHeated: Sq/Ft

Sale Month and Year: 4 / 2019

Sale Price: \$8000

Deed Book & Page: 3689-0509

Deed Date: 2019/04/17

Plat Book & Page: -

Instrument Type: WD

Vacant or Improved:

QualifiedCode: Q

Transfer or Split: T

Within 1mi of Agriculture District: Yes

Prior Building Value: \$0

Prior Outbuilding Value: \$0

Prior Land Value: \$15000

Prior Special Land Value: \$0

Prior Deferred Value: \$0

Prior Assessed Value: \$15000

€.

Generating Map...

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1054520

Filed on: 06/05/2019

Initially filed by: Gregoryinclanman

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com (http://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 (mailto.support@liensnc.com)

Project Property

PID# 07069016370002 PIN 0690-82-7752.000 REID 0014358 Deed Bk and Page: 3689-0509 Deed Date 2019/4/17

E. Jackson St Coats, NC 27521 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

06/12/2019

Owner Information

Donald Gregory 62 E. McIver St. Angier, NC 27501 United States

Email: Gregoryinclanman@gmail.com

Phone: 919-422-2251

View Comments (0)

Technical Support Hotline: (888) 690-7384

Print & Post



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