



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.: 8-19-20-1 Date: 8-18-20 Fee: \$50.00

Parcel ID*: 070599 0152 06 Area Zoned As: RA

APPLICANT:

PROPERTY OWNER:

Name (Print) Craig Matthews Realty Inc

Name Denise C. Matthews

Address PO Box 399 106 Lilyanne Lane

Address 106 Lilyanne Lane PO Box 399

City, State Coats NC

City, State Coats NC

Zip Code 27521

Zip Code 27521

Phone # 910 890 4330

Phone # 919-669-2572

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

Present Use of Property: Vacant lot

PROPOSED USE OF PROPERTY:

[X] Single Family Dwelling: # Rooms: 5 # Bedrooms: 3 Square Feet: 1457
[] 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 [X] Existing
Sewer: [X] Private [] Public [X] 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: Craig Thomas Matthews

Date: 8-18-20

APPROVED

ZONING ADMINISTRATOR USE ONLY

Notes:
Approved: [X] Denied: []
Zoning Administrator: Nick Halcomb Date: 8/19/2020
TOWN OF COATS ZONING VALID FOR 12 MONTHS

THIS PERMIT IS VALID FOR 12 MONTHS