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 form along with plans shall be submitted to the Harnett County Building Inspections Department.

County Building Inspections Department.	
Permit No.: 11-9-21-1 Date: 11 9 21	Fee: 350
Parcel ID*: 070690/6020023 01	Area Zoned As: R-20 Residential
APPLICANT:	PROPERTY OWNER:
Name (Print) Craig Matthews Realty Inc.	
Address PO Box 399	Address 496 Harrell Rd
City, State Coats NC	City, State Coats NC
Zip Code27521	Zip Code 2752 /
Phone # 910 - 890 - 4330	Phone # 910 - 890 - 4330
	ETJ (contiguous)
Present Use of Property: Vacant lot	
PROPOSED USE OF PROPERTY:	
Single Family Dwelling: # Rooms: # Bedrooms: Square Feet: 1220 [] Multi Family Dwelling: # of Units: #Bedrooms (per unit): Square Feet (per unit) [] 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):	
[] Existing structure: Renovate:	Addition: Demolish:
WATER AND SEWER SUPPLY:	
Water: [] Private [] Private [] Private	ablic [] Proposed []Existing ablic [] 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: 1-9-21	
ZONING ADMINISTI	RATOR USE ONLY
Notes: Approved: [Zoning Administrator: Nick How	Denied: [] TOWN OF COATS ZONING VALID FOR 12 MONTHS
THIS PERMIT IS VALID FOR 12 MONTHS	

-Post Office Box 675 • Coats, North Carolina 27521 (910) 897-5183 voice • (910) 897-2662 fax