

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.

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Permit No.: 11-23-21-1				
Parcel ID*: 07 1600				dentral Agriculture
APPLIC	CANT:		PROPERTY	OWNER:
Name (Print) Robert	Name J	tha Kevin an	Patricia Fraze	
Address P.O. BOX 1411		Address	99 Windso	Dr.
City, State Cocots, NS		City, State	Angier	NC
Zip Code 2752		Zip Code	2750	
Phone # (910) 896	1-3256	Phone #		
Location of Property:	IN-TOWN	ETJ _	ETJ (co	ntiguous)
Present Use of Property: _	Agricul tuel			
PROPOSED USE OF PROP	ERTY:			
[] Multi Family Dwelling: # of Units: #Bedrooms (per unit): [] Mobile Home (single lot): Single wide: Double Wide: [] Mobile Home Park: Section 16, Zoning Ordinance must apply				Square Feet: 4319 Square Feet (per unit) of business
[] Existing structure:	Renovate:	Addition:	De	molish:
WATER AND SEWER SUP	PLY:			
Water Sewe			Proposed Proposed]Existing]Existing
Applicant: I certify that all obest of my knowledge. False	of the information presente information is grounds for	d in this applicati rejection of the a	on is true, comp pplication.	ete, and accurate to the
Signature:	-22		Date:/	1-23-2021
ZONING ADMINISTRATOR USE ONLY Notes:				APPROVED
Zoning Administrator:	Approved: [V	Denied:	[] ate: _ 23 1	TOWN OF COATS ZONING VALID FOR 12 MONTHS
	Post Office Box 675 • 0	Coats, North Care	olina 27521	

(910) 897-5183 voice • (910) 897-2662 fax