



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.: 1-13-22-1 Date: 1-13-22 Fee: \$50

Parcel ID\*: 071600 0217 03 Area Zoned As: R-A Residential Agriculture

APPLICANT:

PROPERTY OWNER:

Name (Print) Delfino Flores Lopez

Name Delfino Flores Lopez

Address

Address

City, State Coats NC

City, State Coats NC

Zip Code 27521

Zip Code 27521

Phone # 919 763 2553

Phone # 919 763 2553

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

Present Use of Property:

PROPOSED USE OF PROPERTY:

- [x] Single Family Dwelling: # Rooms: 9 # Bedrooms: 5 Square Feet: 3,000sqft
[ ] 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: [x] Private [ ] Public [ ] Proposed [ ] Existing
Sewer: [x] 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: Delfino Flores Lopez Date: 1-13-22

ZONING ADMINISTRATOR USE ONLY

Notes:

Approved: [x] Denied: [ ]

Zoning Administrator: Nick Hahn Date: 1/13/22

APPROVED

TOWN OF COATS ZONING VALID FOR 12 MONTHS

THIS PERMIT IS VALID FOR 12 MONTHS