



TOWN OF COATS

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.

Permit No.: 4-25-22-1 Date: 4/25/22 Fee: \$50

Parcel ID*: 07069016020001 Area Zoned As: R-20

APPLICANT:

PROPERTY OWNER:

Name (Print) Craig Matthews Realty Inc

Name same as applicant

Address 400 N, Orange St

Address _____

City, State Coats NC

City, State _____

Zip Code 27521

Zip Code _____

Phone # 910-890-4330

Phone # _____

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

Present Use of Property: vacant lot

PROPOSED USE OF PROPERTY:

Single Family Dwelling: # Rooms: 7 # Bedrooms: 3 Square Feet: 1265

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 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: Craig Thomas Matthews

Date: 4-25-22

APPROVED

ZONING ADMINISTRATOR USE ONLY

Notes: _____

Approved: Denied:

TOWN OF COATS ZONING
VALID FOR 12 MONTHS

Zoning Administrator: Noel Valt Date: 4/25/22

THIS PERMIT IS VALID FOR 12 MONTHS