

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.: 2-14-23-1 Date: 2-14-23  | Fee: \$50   |
|--|---|
| Parcel ID*: 070599 0152 08   | Area Zoned As: SRF-2  |
| Name (Print) Craig Mothews Realty Inc  | Name Denise Mathews   |
| Address <u>PO Box</u> 399  |   |
| City, State Coats NC 2   | City, State Coats NC  |
| Zip Code 27521   | Zip Code 27571  |
| Phone # 910 - 890 - 4330   | Phone # 919-669-2572  |
| Location of Property: IN-TOWN  | ETJ ETJ (contiguous)  |
| Present Use of Property: Vacant 10+  |   |
| PROPOSED USE OF PROPERTY:  | ·   |
| Single Family Dwelling: # Rooms: # Bedrooms: 3 RR. Square Feet: 1297  [] 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 [ ] Sewer: [ ] Private [ ]  | Public [ ] Proposed [ ]Existing 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:   |   |
| ZONING ADMINISTRATOR USE ONLY Notes:   |   |
| Approved: []   | Denied: []  Date: 2-14-23 APPROVED                              |
| Zoning Administrator: Nok Holcon   | Date: 2-14-23 APP TOWN OF COATS ZONING FOR 12 MONTHS            |
| THIS PERMIT IS VALID FOR 12 MONTHS   |   |