TOWN OF COATS

RE- ZONING PERMIT APPLICATION

Application No.: _____ Date: _____

Parcel No. _____

TO THE PLANNING BOARD AND TOWN BOARD:

I/We, the undersigned, do hereby make application to change the Zoning Map of the Town of Coats as hereinafter requested. In support of this application, the following facts are shown.

1. The property is located on the _____ side of _____ Street (Avenue)

   Between _____ Street (Avenue) and _____ Street (Avenue). The address is

   _____ Street (Avenue) and it is known as lot number (s) _____,

   Block numbers (s) _____ of Harnett County Tax Map _____

   Township. It has a frontage of _____ feet and a depth of _____ feet, containing

   _____ acres.

2. It is desired and requested that the foregoing property be rezoned from _____ to _____ for the following or purpose:

   _____

   _____

   _____

   _____

3. The following are all individuals, firms or corporations owning property adjacent to <u>both sides and rear</u>, and the property <u>across the street</u> from the property described above:

   <u>Name</u> <u>Address</u> <u>Pin No.</u>

   a. _____

   b. _____

	Name	Address	Pin No.
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			

I certify that all information furnished in this application is accurate to the best of my knowledge.

Applicant: _____

Address: _____

Phone #: _____ Signature: _____

Note: If the request is made by a corporation, the names and addresses of all officers in the corporation must be provided.

The applicant or his representative is expected to attend all meetings to answer questions concerning the request. The absence of the applicant is sufficient grounds to warrant a deferral of action by the Planning Board and/or Town Board.

ZONING ADMINISTRATOR USE ONLY

ADVERTISEMENT DATE(S): _____

PUBLIC HEARING DATE: _____

ACTION BY PLANNING BOARD: [ ] Approved [ ] Denied

ACTION BY TOWN BOARD: [ ] Approved [ ] Denied

CONDITIONS ATTACHED TO THE APPROVAL:

_____

_____