



Submittal Date: \_\_\_\_\_  
Permit #: \_\_\_\_\_  
Parcel #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Copy of I.D.: \_\_\_\_\_ yes \_\_\_\_\_ no

## Change of Occupancy

**Address:** \_\_\_\_\_

**Detailed Proposed Use of the Property:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Use of the Property:** \_\_\_\_\_ **Date previous use ceased** \_\_\_\_\_

**New Business Name:** \_\_\_\_\_ **Business Phone #:** \_\_\_\_\_

**Will your business be serving alcohol** \_\_\_\_\_ **providing any live entertainment** \_\_\_\_\_

**Are you serving or selling any food** \_\_\_\_\_ **If so, please attach menu.**

**Will your business sponsor any type of gaming whether chance or skill based (electronic, internet, sweepstakes, bingo, or video poker)** \_\_\_\_\_

**If so, explain** \_\_\_\_\_

**Will your business be providing massage therapy** \_\_\_\_\_ **(must provide copy of NC state license)**

**How many people will you be expecting in the building at one time** \_\_\_\_\_

**Will you have any business partner's** \_\_\_\_\_ **If so, all partners must sign the applications.**

**Will there be any renovations or modifications to the building or tenant space?** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

*I certify that I am the property owner, am authorized to sign on behalf of the property owner, or am otherwise legally authorized to sign this application. I hereby certify that the information provided hereon is, to the best of my knowledge, correct and complete. I understand that providing false or incomplete information or violating an approved zoning permit may be grounds for revocation of the permit and any associated building permit. By signing and submitting this document, you agree that all signatures where required may be Electronically Signed by either party, pursuant to NCGS 66-315(b).*

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**