



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