



Planning and Development Department

Commercial Change of Occupancy Permit Application

Applicant Name _____ Phone _____ Email _____

Project Address _____ City _____ NC ZIP _____

Subdivision or Project Name _____ Lot Number _____

Project Contact Person _____ Phone _____ Fax _____

Email _____ Contact preference: Phone Fax Email

Property Owner _____ Phone _____ Email _____

Address _____ City _____ State _____ ZIP _____

Additional Site Instructions _____

Description of Work _____

Proposed Use _____

PLANNING DEPARTMENT APPROVAL

Commercial Use _____ Business Name _____

Type of Request: Change of Occupancy Use Change of Owner-Lessee

1. See Zoning for pre-review as a Special Requirement or Special Use permit may be required prior to issuing Change of Occupancy permit.
2. Must submit a floor plan layout and provide a lease agreement.
3. If any new construction is required. Additional permit applications may be required.

CHANGE OF OCCUPANCY INFORMATION

Business Name: _____ Business Type: _____

Previous Occupancy/Business Use _____ Planned Occupancy/Business Use _____

Number of Employees: _____ Business Hours: _____ Expected Opening Date _____ Sprinkler System: Yes No

ONSLOW COUNTY UTILITIES

Food preparation: Yes No If yes, describe _____

Well and/or septic permit, provide Onslow Co. Environmental Health permit number(s) _____

Completed ONWASA verification letter is attached

Water Public Private (well) Water Company _____

Well Use Ag Domestic

Sewer Public Private (septic) Septic Permit Number _____

APPLICANT STATEMENT

I hereby certify that all information in this application is correct and all work will comply with the State Building code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Applicant Name (print) _____

Signature _____

Date _____