

ONslow COUNTY

Change of Occupancy-Use, Change of Owner-Lessee (if directed by Agency) NEW Home Occupation or ALE

604 COLLEGE STREET • JACKSONVILLE NC 28540
(910) 455-3661 • FAX (910) 989-2369

Date SUBMITTED: _____ PERMIT # _____

Date PERMITTED: _____ PARCEL/ETJ _____

Applicant/Agent _____ Phone _____ EMAIL _____

Land Owner (if different) _____ Phone _____

Address to Inspect _____ City/State/Zip _____

Subdivision _____ Block _____ Lot # _____

Directions to Address _____

Contact (if different) _____ Phone _____ EMAIL/FAX _____

UTILITY: **WATER:** PRIVATE Well PUBLIC System **SEWER/SEPTIC:** PRIVATE Tank PUBLIC Sewer Sys _____

(Utility documentation for Change of Occupancy-USE and Home Occupation only)

RESIDENTIAL **COMMERCIAL** **COMMERCIAL Establishment Codes 1)** _____ **2)** _____ **3)** _____

Change of Occupancy – USE: **Change of Owner-Lessee:** Directed by Agency: _____

Business Name _____ Business Type _____

Expected Opening _____ Sprinkler System: Y / N

Previous Occupancy (Business Use) _____ Planned Occupancy (Business Use) _____

Food Service Planned: Y / N if Yes describe: _____

Zoning (office use only): Special Requirement or Special Use **may be** required

Home Occupation - New : Daycare Assisted Living or Group Home Other - Proposed Use: _____

Name of Home/Agency: _____ Population Age Range _____ Licensed Capacity _____

Able to Evacuate: Y / N Sprinkler System: Y / N Will Public Enter: Y / N Commercial Grade Equipment: Y / N

Food Service Planned: Y / N if Yes describe: _____ Signage: Y / N with ELE / PLU

ALE (Complete and attach NC Alcoholic Beverage Control Commission Inspection /Zoning Compliance form for Zoning signature)

Business Name _____

New Note: Zoning Special Requirement or Special Use **may be** required Proposed Use: _____

Existing ALE License Name / Number _____ Existing Use: _____

I hereby certify that:

- 1) 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.
- 2) **Permission to Enter on Land:** I furthermore certify that I am authorized to grant, and do in fact, grant permission to Onslow County Zoning officer and Code inspector and his agents, to enter on the property noted on the Onslow County Permit(s) for the purpose of this inspection.
- 3) I am the **Land Owner / Agent / Contract Purchaser / Lessee (Circle One)** and by signature authorize submittal of this application.

PRINTED NAME _____ SIGNATURE _____ DATE _____

Code Officer SIGNATURE: _____ DATE _____