

Town of Kernersville
Development Services Division
134 East Mountain Street

(336) 996-7166 (office)
(336) 996-6178 (fax)
permitandenforcement@toknc.com
www.toknc.com

Change of Ownership Application

Office Use - Application 1 Application #: _____

Date _____

Current Business Name _____

Business Address _____

New Business Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____ Phone _____

What exactly will you be doing? (Be very specific): _____

EMERGENCY CONTACTS: (Key Holders)

1st NAME _____

PHONE (H) _____ PHONE (C) _____

2nd NAME _____

PHONE (H) _____ PHONE (C) _____

ALARM COMPANY NAME (If Applicable):

Name _____ Phone: _____

Alarm Type (Fire/Burglar): _____ Panel Location: _____

Automatic Reset: __YES __NO

EMERGENCY SERVICES INFORMATION:

Hours of Operation: _____ Hazardous Materials: __YES __NO Sprinkled: __YES __NO

Knox Box: __YES __NO

IF YES, GIVE EXACT LOCATION: _____

FEE: No Fee

SIGNATURE

Signature / Electronic Submittal Type Name

Title

Date

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OFFICE USE

Zoning District: _____ Pin#: _____

Applicable Special Use or Overlay District: __YES __NO New Signage Required: __YES __NO

Approvals: ZONING: Y / N Zoning Initials: _____

COPIES TO: ZONING APPLICANT POLICE/COMM. FIRE DEPT.