

Zoning/Business Permit Application

Office Use - Application 6

Application #: _____

**Incomplete applications will not be accepted. Some information may need to be obtained from the property owner. Additional plans, reviews, inspections and approvals may be required prior to issuance of a permit. A site plan showing building(s), parking and landscaping may be requested by Town staff during the review of the application.*

Project Address _____

Business Name _____

Business Owner _____ **Email** _____

Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____

Property Owner Name _____ **Email** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

Proposed Building Use (be very specific):

Former Building Use (be very specific, include name of previous tenant):

Total Building Square Footage: _____ **Square footage used by business:** _____

Building Improvements: Will the business be making any changes to the following?

Building _____ **Electrical** _____ **Mechanical** _____ **Plumbing** _____ **Fire System** _____

Describe Planned Changes to the Building (be very specific):

Life Safety Requirements: Does the building contain the following (yes/no)?

Emergency Lighting _____ **Exit Signs** _____ **Fire Alarm** _____ **Smoke Detectors** _____ **Panic Hardware** _____

Energy Information: Are the following areas finished and insulated?

Walls _____ Floors _____ Ceilings _____

Occupancy of Building: Answer the following for all adjacent tenants. Also provide site layout.
This section does not apply to single-use buildings.

Occupant 1: Name _____ Use _____ Sq. Ft. _____

Occupant 2: Name _____ Use _____ Sq. Ft. _____

Occupant 3: Name _____ Use _____ Sq. Ft. _____

Occupant 4: Name _____ Use _____ Sq. Ft. _____

Occupant 5: Name _____ Use _____ Sq. Ft. _____

Occupant 6: Name _____ Use _____ Sq. Ft. _____

Occupant 7: Name _____ Use _____ Sq. Ft. _____

Occupant 8: Name _____ Use _____ Sq. Ft. _____

Signage: Will the business have a sign? _____ **Sign Contractor:** _____

Emergency Contact: (Key Holders)

| | | |
|-----|------------|-----------------|
| 1st | Name _____ | Phone (H) _____ |
| | | Phone (C) _____ |
| 2nd | Name _____ | Phone (H) _____ |
| | | Phone (C) _____ |

Alarm Company Name: (if applicable): _____

Phone: _____ **Alarm Type** (Fire/Burglar): _____

Panel Locations: _____ **Automatic Reset:** __Yes __No

Hazardous Material: __Yes __No

Sprinkled: __Yes __No **“Knox Box” Location:** (if applicable): _____

Signature of Applicant

Date

Provide Email and Phone Number if different from Business Owner:

Email

Phone Number

TOWN STAFF SECTION

Responsibility of Zoning Officer:

PIN# _____ Zoning District: _____

Overlay: ___ Yes ___ No Special Use Dist. ___ Yes ___ No K# _____

Permitted Use(s): _____

Change of Use (from NC Building Code)? _____ (If no change of use, no review required from building officer)

On-Site Inspections:

Streetyard ___ Yes ___ No Bufferyards ___ Yes ___ No

Parking & ADA:

Accessible parking requirements and signs, including 1 van accessible space? ___ Yes ___ No

Multiple tenant parking layout provided? ___ Yes ___ No

Illegal Signage? ___ Yes ___ No

Responsibility of Building Officer (if change of use):

Changed from _____ Changed to _____

(Assembly (A1-A5), Business, Educational, Factory (F1, F2), High Hazard (H1-5), Institutional (I1-4), Mercantile, Residential (R1-4), Storage (S1, S2), Utility)

Construction Method of Building _____ (Type 1, 2, 3, 4, 5)

Tenant Separation: ___ Separated Use ___ Non-Separated Use

Plumbing Fixtures:

Toilets-Existing: ___ Male ___ Female Toilets-Required: ___ Male ___ Female

Urinals (optional): ___ Drinking Fountains: ___ Regular ___ Accessible

Sinks-Existing: ___ Male ___ Female Sinks-Required: ___ Male ___ Female

Zoning Approval: ___ Yes ___ No

Initials: _____ Date: _____

Building Approval: ___ Yes ___ No

Initials: _____ Date: _____

Condition(s) of Approval:

