

OCCUPANCY PERMIT APPLICATION

Town of Leland, North Carolina



102 Town Hall Dr., Leland, NC 28451
www.townofleland.com

Economic & Community Development
Phone 910-371-3754 Fax 910-371-1158

Applicant Name _____ **Date** _____

Business Name _____

Business Address _____

Owner/Occupant Name _____ **Phone number (____)** _____

Owners/Occupant Address _____

Contact Person _____ **Phone number (____)** _____

Previous Occupancy Classification (circle one):

A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2 H-3 H-4 H-5 I-1 I-2
I-3 I-4 MR-1 R-2 R-3 R-4 S-1 S-2 U

Proposed Occupancy Classification (circle one):

A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2 H-3 H-4 H-5 I-1 I-2
I-3 I-4 MR-1 R-2 R-3 R-4 S-1 S-2 U

******Note: This project application is for an existing building in which you are requesting power to be turned on and/or you are requesting occupancy approval. There can be a change in owner or tenant, but there cannot be a change in the occupancy classification. A change in the occupancy classification will require a "Change Of Occupancy" permit.**

Project description details: _____

Disclaimer: I hereby certify the information submitted on this application is correct and that I am not performing any "work" which requires a permit from the Town of Leland Building Inspections Department. I understand I must obtain appropriate permits for the work as required by the NC State Building Codes, other applicable State and Local ordinances and regulations.

Owner/Occupant Printed Name _____

Owner/Occupant Signature _____

Date _____