

Town Of Leland



Building Inspections Department
102 Town Hall Dr
Leland NC 28451
Tel: 910-371-3754 Fax: 910-371-1158

Occupancy Permit Application

Applicant Name _____ Date _____

Location _____

Owners Name _____ Phone number (____) _____

Owners Address _____

Contact Person _____ Phone number (____) _____

******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 can not be a change in the occupancy classification. A change in the occupancy type will require a "Change Of Use" 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 works as required by the NC State Building Codes, other applicable State and Local ordinances and regulations.

Owner/Agent _____ Date _____

Printed name _____