

CHANGE OF USE APPLICATION



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

Planning and Inspections Department
Phone 910-371-3754 Fax 910-371-1158

Section 1 – Application for Zoning Approval

Applicant Information

Name: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Alt. Phone: _____ Email: _____

Property Information

Property Owner's Name: _____

Property Address: _____ City/State/Zip: _____

Parcel #: _____ Zoning: _____ Permission Attached: YES NO

Total Acreage of Site: _____ Square Footage of Proposed Use: _____

Water Source: Well Leland Sewer BSD Sewer (attach release form) H2Go

Wastewater Treatment: Septic Tank Leland Sewer BSD Sewer (attach release form) H2Go

Previous or Current Use/Occupancy (If vacant, describe most recent use and list how long it has been vacant):

Proposed Name of Business: _____

Describe Proposed Use. Attach addition sheets if necessary: _____

Current amount of parking spaces provided? _____ Parking Lot Surface Type: _____

Are there handicap accessible parking spaces provided? YES How many? _____ NO

Number of Employees (specify medical practitioners vs. assistances, if applicable): _____

Number of Shifts: _____ Operating Days and Hours of Operation: _____

If no structural, electrical, plumbing, or mechanical changes are being made to the structure, you may read and sign below and submit the application. If any structural, electrical, plumbing, or mechanical changes will occur, please also complete Section 2 – Application for Upfit Permits on the next page.

You may be required to pay system development fees. If you are required to do so, staff will contact you at the information provided on this application. All system development fees must be paid in full prior to receiving final zoning compliance.

If you are not the property owner of record you must submit recent proof of ownership. If you are simply occupying the building you must submit a written document authorizing you to make application in addition to filling out the certification below.

I certify that I am authorized to make this application, that the information provided is correct to the best of my knowledge, and that I am authorized to grant, and do grant, permission to the local zoning official to enter on the property described above for the purpose of inspections. I understand that since this is a new use, I may be required to update the premises to become zoning compliant. I understand that if this application is approved, failure to meet any conditions of the approval shall result in the revocation of any permit(s) based upon this certificate. I also understand that failure to do so could result in fines and/or revocations of this zoning compliance permit, should it be approved.

Signature

Printed Name

Date

Section 2 – Application for Upfit Permits

Primary 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 M R-1 R-2 R-3 R-4 S-1 S-2 U

Secondary 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 M R-1 R-2 R-3 R-4 S-1 S-2 U

Description of Structural, Mechanical, Electrical, or Plumbing Work: _____

Construction Cost \$ _____ Total Heated Sq. Ft. _____

Number of Floors _____ Covered Unheated Sq. Ft. _____

Ft² of each floor: _____ First _____ Second _____ Third _____ Other _____

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE **N.C.G.S. § 87-14**

The undersigned applicant for Building Permit being the

Contractor Owner Officer/Agent of the Contractor or Owner

does hereby agree under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit:

_____ has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,

_____ has/have one or more subcontractor(s) and has/have their own policy of workmen's compensation covering themselves,

_____ has/have not more than two (2) employees and no subcontractors,

While working on the project for which this permit is sought, it is understood that the Planning and Inspection Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit, as well as at any time during the permitted work from any person, firm or corporation carrying out the work.

Date: _____ Firm Name: _____

Signature: _____ Printed Name _____

Title: _____

CONTRACTOR INFORMATION

General Contractor

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
License Holder Signature _____
Authorized Agent: _____
Email: _____

Electrical Contractor

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
License Holder Signature _____
Authorized Agent: _____
Email: _____

Mechanical Contractor

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
License Holder Signature _____
Authorized Agent: _____
Email: _____

Plumbing Contractor

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
License Holder Signature _____
Authorized Agent: _____
Email: _____

Other

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
License Holder Signature _____
Authorized Agent: _____
Email: _____

Other

Name: _____ *Phone Number* _____ *License No.* _____
Address: _____
License Holder Signature _____
Authorized Agent: _____
Email: _____