



PENDER COUNTY PLANNING AND COMMUNITY DEVELOPMENT

APPLICATION TYPE: **MISCELLANEOUS PERMITS**

(PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS)

Project Responsibility _____

Permit # _____

APPLICANT'S NAME: _____ DATE: _____

APPLICANT'S ADDRESS: _____ PHONE: _____

CITY / STATE/ ZIP CODE _____

PROPERTY TAX IDENTIFICATION NUMBER: _____

PROJECT LOCATION: _____

CONTRACTOR: _____ LICENSE # _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE # _____

OWNER'S NAME: _____ PHONE: _____

OWNER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DESCRIPTION OF WORK: _____

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE):

___ CHANGE OF USE: CURRENT USE: _____ PROPOSED USE: _____

___ HOME OCCUPATION (FOR ZONING PURPOSE ONLY)

___ GROUP HOME INSPECTION ___ DAYCARE INSPECTION ___ ALE INSPECTION

___ OTHER: _____

I hereby certify that all information in this application is correct and all work will comply with the NC State Building Code and all other applicable State and local laws, ordinances and regulations. The Inspections Department will be notified of any changes in the approved application and specifications for the project permitted herein.

Signature: _____ Date: _____

(FOR OFFICE USE ONLY)

___ Home occupation must be operated in accordance with the Pender County Zoning Ordinance Sec. 11.2.A.

___ Change of use verified with Planning Staff.

___ Daycare and family care facilities must be operated in accordance with the Pender County Unified Development Ordinance.

Comments:

Permit Technician's Signature: _____ Date: _____