

## CHANGE OF USE/OCCUPANCY APPLICATION

**NOTE: No application shall be considered complete unless all the following information is attached. The Zoning Administrator may waive any of the requirements, except fees, and may require additional information as necessary for proper consideration of this request.**

Please note the following supplemental information will be required before this application is considered complete. Check when complete

1. **Site Plan.** Please provide a detailed site plan.
2. **Floor Plan.** Please provide a detailed floor plan.
3. **Utility Authorization Form.** This will be necessary for any location serviced by Town or County water/sewer.
4. **Environmental Health Approval.**
5. **NC DOT Driveway Permit.** This will be required for any location within the County's Planning and Zoning jurisdiction.   
They can be reached at (336) 747-7900

⇒ **PLEASE PRINT the following information clearly:**

Application Date: \_\_\_\_\_ Zoning District: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
What was the previous occupancy type? \_\_\_\_\_  
What is the new occupancy type? \_\_\_\_\_  
Property Use:  Office  Restaurant  Retail  Educational  Industrial  Other \_\_\_\_\_  
Business Name: \_\_\_\_\_ # of Employees: \_\_\_\_\_  
Approx. new/remodeled square footage: \_\_\_\_\_ Size of Lot: \_\_\_\_\_  
# of Structures: \_\_\_\_\_ # of Floors \_\_\_\_\_ Area per Floor: \_\_\_\_\_  
Total sq ft under roof: \_\_\_\_\_ # of Units: \_\_\_\_\_ Building Height: \_\_\_\_\_  
Current number of parking spaces: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_  
Sprinkler System? Y or N Grease Trap? Y or N  
Food Service Planned? Y or N  
If Yes, please describe: \_\_\_\_\_

*Note: If food service is planned then separate Health Department approval will be required.*

**Verify utilities to the site:**

- Town/County Water  Well  
 Town/County Sewer  Septic Tank

Is the property located in a floodplain? Y or N  
 Is there a natural gas line located on the property? Y or N  
 Is there currently electrical service on the building? Y or N  
 Is there an existing sign? Y or N If Yes, list type & dimensions: \_\_\_\_\_

Please outline proposed work to be completed to building:

Exterior: \_\_\_\_\_

Interior: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: (if different than above) \_\_\_\_\_

Applicant's Name: (if different than above) \_\_\_\_\_

Address: (if different than above) \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

*I hereby certify that the information provided hereon is, to the best of my knowledge, correct and complete. I understand that providing false or incomplete information or violating an approved zoning permit may be grounds for revocation of the permit and any associated building permit. I further understand that plan review cannot cover all aspects of construction and any work done shall be required to meet all applicable local and state codes.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Additional Information: \_\_\_\_\_

\_\_\_\_\_

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Note: A separate sign permit will be required for any new permanent and temporary signs.



(FOR OFFICE USE ONLY)

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_ Zoning: \_\_\_\_\_ Approval: \_\_\_\_\_

Front Setback: \_\_\_\_\_ Rear Setback: \_\_\_\_\_ Side Setback: \_\_\_\_\_ Side abutting street : \_\_\_\_\_

Comment: \_\_\_\_\_



# DAVIE COUNTY NORTH CAROLINA

**Development & Facilities Services**  
336.753.6050

## UTILITY CONNECTION AUTHORIZATION

Applicant (s) \_\_\_\_\_

Property Owner(s) \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Owner/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

- **This certifies that the party above is authorized to connect to the water/sewer system of Davie County at a tap that has been properly installed by the Davie County or its agent. Note: If there is no existing tap on the lot, the County must be contacted to make arrangements for a tap to be installed.**
- **This authorizes Davie County Development Services to issue a Building Permit or a Plumbing Permit for this work.**

*For use by Davie County Public Utilities*

**Fees Paid:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit to Davie Development & Facilities Services or Fax to 336.751.7689**



**TOWN OF MOCKSVILLE**  
**UTILITY CONNECTION AUTHORIZATION**

Complete & Return to Davie Development & Facilities Services at 298 E Depot Street or Fax to 336.751.7689

Applicant (s) \_\_\_\_\_

Property Owner(s) \_\_\_\_\_

Property Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Owner/Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

- This certifies that the party above is authorized to connect to the water/sewer system of the Town of Mocksville at a tap that has been properly installed by the Town or its agent. Note: If there is no existing tap on the lot, the Town must be contacted to make arrangements for a tap to be installed.
- This authorizes Davie County Development Services to issue a Building and/or Plumbing Permit for this work.

*For use by Mocksville Town Hall*

**RPZ (Reduced Pressure Zone device) Required:            YES            NO**

**Please note: It shall be the responsibility of the property owner to arrange installation, inspection and testing of any required device.**

Fees Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_