



CURRITUCK COUNTY

Change of Occupancy-Use, Change of Owner-Lessee, Alcohol License (ABC) or New/Existing Daycare

153 Courthouse Road • Currituck, NC 27929
Mainland (252) 232-3378
Corolla (252) 453-8555

Date Submitted: _____

Email: Mainland-CCIML@currituckcountync.gov
Corolla-CCIOBX@currituckcountync.gov

Address to Inspect _____ Unit # _____

Subdivision _____

Directions to Address _____

Applicant/Agent _____ Email _____ Phone _____

Property Owner _____ Email _____ Phone _____

Food Service Planned: Y N if Yes describe: _____

Utilities

Drinking Water: Private Well (New Existing) Well Use: (Domestic Ag) Water System _____

Wastewater: Septic Tank (OP# from EH (252)232-6603) _____ Sewer System _____
(Wastewater documentation not required for ABC Name Change ONLY.)

COMMERCIAL

Change of Occupancy – USE Change of Owner-Lessee

See Zoning for pre-review; Special Requirement or Special Use may be required.

Required by : _____

Business Name _____ Commercial Use _____

Expected Opening _____ Sprinkler System: Y N No. of Employees _____ Business Hr/Days _____

Previous Occupancy (Business Use) _____ Planned Occupancy (Business Use) _____

DAYCARE

New/Existing Daycare Home Daycare Assisted Living or Group Home *See Zoning for pre-review*

Other - Proposed Use: _____

Home/Agency/Business Name: _____ Population Age Range _____ Licensed Capacity _____

Able to Evacuate: Y N Sprinkler System: Y N Will Public Enter: Y N No. of Employees _____ Business Hr/Days _____

Equipment Added to Property _____ (incl. plot plan) Commercial Grade Equipment: Y N

Signage: Y N with Electrical / Plumbing (Mark if applicable) Cost of the alteration to the space _____

Note: NC Department of Health and Human Services Daycare Forms Must Be On Premise. (Provide Floor Plan For NC DHHS)

ABC Name Change Only **New License** Change of Owner-Lessee

See Zoning for pre-review; Special Requirement or Special Use may be required.

New Business Name _____

Previous Name (if applicable) _____ Last Date operated by previous owner/lessee _____

Previous (Business Use) _____ Planned (Business Use) _____

Note: The NC Alcoholic Beverage Control Commission Inspection / Zoning Compliance Form Must Be On Location.

I hereby certify that:

- 1) All information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.
- 2) **Permission to enter property:** I furthermore certify that I am authorized to grant, and do in fact, grant permission to the Chief Building Inspector or his designee to enter the property listed above for the purpose of this inspection.
- 3) I am the **Land Owner Agent Contract Purchaser Lessee (Mark One)** and by signature authorize submittal of this application

PRINTED NAME _____ SIGNATURE _____ DATE _____

BUILDING INSPECTOR/FIRE INSPECTOR SIGNATURE: _____ DATE _____