



**City of Locust**  
Post Office Box 190  
Locust, North Carolina 28097-0190  
(704) 888-5260

Planning and  
Zoning Department

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Permit #

\_\_\_\_\_  
Issue Date

**APPLICATION FOR CHANGE OF OCCUPANCY**  
***(Existing Structure)***

Address of Building \_\_\_\_\_

Building Owner \_\_\_\_\_

Occupant/Tenant Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Email \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Corporate Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Current Zoning of Building \_\_\_\_\_ Prior Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Tax ID \_\_\_\_\_

Number of Occupants/employees proposed \_\_\_\_\_

Gross Square footage of building \_\_\_\_\_

Number of parking places provided \_\_\_\_\_

Interior/Exterior construction changes proposed:  Yes  No

Changes in signage proposed:  Yes  No

*\*Additional reviews and approvals may be required for exterior changes to the building. Architectural, engineering, and proposed sign plans will be required prior to issuance of permits for any interior and/or exterior alterations to the existing building.*

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned and owner of the building, do hereby acknowledge that I am aware of the City of Locust Zoning Ordinances relating to property maintenance, signage and litter, and further I understand that if I, or my tenant violate any part of the Code of Ordinances, I may receive a ticket with fines up to \$50 per day for each violation.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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FOR OFFICE USE ONLY

Approved by Stanly County Building Inspections

Yes       No

If no, explain

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Approved: \_\_\_\_\_ Zoning Administrator

Date: \_\_\_\_\_