

# BRUNSWICK COUNTY CHANGE OF USE CHECKLIST

**IMPORTANT: APPLICANT IS TO COMPLETE AND SIGN SECTION A.**  
**SECTION B through SECTION H below and continued on back page, are to be completed and signed by the appropriate Departmental Official.**

**SECTION B through SECTION I are to be completed and signed by the appropriate Departmental Official.**

**NOTE: PLEASE CONTACT THE PLANNING DEPARTMENT PRIOR TO OBTAINING ANY OTHER DEPARTMENTAL APPROVALS**

**SECTION A - APPLICANT TO COMPLETE**

Name of Applicant: \_\_\_\_\_  
*(Please Print Name)*

Mailing Address: \_\_\_\_\_  
*Address*      *Street*      *City*      *State*      *Zip*

Tax Parcel Number: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_ Physical Address of Proposed Change of Use      \_\_\_\_\_ Zoning District

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

Current Existing Use: \_\_\_\_\_

Last Permitted Use: \_\_\_\_\_

- 1. Are you adding additional square footage?  YES       NO
- 2. Are you modifying/remodeling the existing structure?  YES       NO
- 3. Are you changing the "structure/usage" from Residential to Commercial?  YES       NO
- 4. Are you changing the "structure/usage" from Commercial to Residential?  YES       NO
- 5. Are you changing the "structure/usage" from Commercial to Industrial?  YES       NO
- 6. Are you changing the "structure/usage" from Industrial to Commercial?  YES       NO
- 7. How many shifts do you anticipate now ? 1       2       3
- 7a. How many shifts do you anticipate in the future? 1       2       3
- 8. Which shift will have the largest number of employees? 1       2       3
- 9. What is the number of employees for the largest shift? \_\_\_\_\_
- 10. How will Septic/Sewer Service be provided to this site?  Septic Service       Public Service

*If you check **PUBLIC SERVICE**, please select the Permitting Agency and provide the Water Quality Number in the space provided:*

County System       H2GO       Southeast Brunswick Sanitary District   
*(910) 253-2500*      *(910) 371-9949*      *(910) 457-0006*

**WATER QUALITY NUMBER:** ( To be provided by Utility Company) \_\_\_\_\_

- 11. Are you changing to any one of the following uses?  
 Food Service     Day Care     Residential Care     Bed and Breakfast     Tattoo Parlor

**AUTHORIZATION:** I HEREBY MAKE APPLICATION FOR THE ABOVE MENTIONED PROPERTY AND AUTHORIZE BRUNSWICK COUNTY PERSONNEL TO GO ON SAID PROPERTY TO MAKE SUCH AN EVALUATION AS IS NECESSARY. AS OWNER OR HIS AUTHORIZED AGENT, I COVENANT THAT THE CONTENTS OF THIS APPLICATION ARE TRUE AND REPRESENT THE MAXIMUM FACILITIES TO BE PLACED ON THE PROPERTY. I UNDERSTAND ANY CHANGES MADE WITHOUT THE APPROPRIATE COUNTY APPROVAL SHALL MAKE THE APPLICATION NULL AND VOID.

\_\_\_\_\_ *OWNER/AGENT SIGNATURE*      \_\_\_\_\_ *DATE SIGNED*