



# 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 \_\_\_\_\_