



City of Havelock
 Planning and Inspections Department
 PO Box 368 1 Governmental Ave.
 Havelock, NC 28532
 (252) 444-6433 Email: permits@havelocknc.us

OFFICE USE ONLY
Date Received: _____
By: _____
Application #: _____

Commercial Zoning Permit Application

New Business
 Change of Ownership
 Relocation
 Change of Use/Service/Name

Business Owner Information

Business Address: _____

Name of Business: _____

Business Owner: _____

First *Last* *Phone Number/Email*

Address: _____

Street Address *City* *State* *Zip Code*

Property Owner Information

Contact Name: _____

First *Last* *Phone Number/Email*

Address: _____

Street Address *City* *State* *Zip Code*

Project Information

Description of Business: (include all products/services that will be offered) _____

Proposed Opening Date: _____

Proposed Signs: Freestanding Wall Sign Other: _____

Exterior Merchandise Displays: No Yes, If yes please explain: _____

Flammable or Hazardous Materials: No Yes **Outdoor Storage:** No Yes

Plumbing Facilities: # of Bathrooms: _____ # of Sinks: _____ # of Toilets: _____

Size of Space to be Occupied: _____ **Number of Paved Parking Spaces:** _____

I understand that I may not occupy the proposed building or commence operation of the proposed business until I have obtained all necessary approvals, including but not limited to Commercial Zoning Permit, Wastewater Allocation, and all associated fees have been paid in full.

Owner/Agent Signature: _____ **Date:** _____

Only **ORIGINAL signatures will be accepted**

** FOR OFFICE USE ONLY **							
Zoning District: _____		Requires Flood Zone Certificate: YES NO			Flood Zone: _____		
Utilities:	Water	Sewer	Public	Private	Health Dept. Permit #:	APZ:	YES NO Zone: _____
Noise Contour: _____	Sound		YES	NO	NLR: _____	*Based on standards set forth in §154.07	
Fire Marshal Approval (if applicable):	_____					Date:	_____
Building Official Approval (if applicable):	_____					Date:	_____
Planning/Zoning Official Approval:	_____					Date:	_____

WASTEWATER ALLOCATION APPLICATION

In accordance with the City of Havelock Board of Commissioners approval of Chapter 52, Wastewater Disposal, Section 52.079 Sewer Allocation Limitations Policy, and subsequent amendments.

APPLICANT SECTION

<input type="checkbox"/> New Account <input type="checkbox"/> No-Flow Account <input type="checkbox"/> Re-activation <input type="checkbox"/> Other: _____	
Applicant <i>(Tenant/Property Owner/Developer):</i>	Application Date:
Business/Development Name <i>(If Applicable):</i>	
Specific Site Address:	Phone:
<input type="checkbox"/> Residential-- # of Bedrooms _____ <input type="checkbox"/> Commercial : See below	
Commercial Use	
<input type="checkbox"/> Barber, Beauty Shop, etc. # of Chairs _____ <input type="checkbox"/> Business- # of Employees _____	
<input type="checkbox"/> Churches, Restaurants, etc. # of seats _____ <input type="checkbox"/> Day Cares, Camps, Swimming Pools, etc.	
<input type="checkbox"/> Motels/Hotels - # of Rooms _____ # of persons _____	
<input type="checkbox"/> Rest & Nursing Homes, Hospitals # of Beds _____ <input type="checkbox"/> Service Stations, etc. # of water closets/urinals _____	
<input type="checkbox"/> Stores, Shop Cntr, etc, retail area. _____sq ft <input type="checkbox"/> Airports/RR station/Bus stop - # of passengers _____	
<input type="checkbox"/> Bowling Lanes # of lanes _____ <input type="checkbox"/> Campground- # of sites _____	
<input type="checkbox"/> Travel/recreational Vehicle prk # of spaces _____ <input type="checkbox"/> Country Club- # of Members _____	
<input type="checkbox"/> Factories- # of persons/per shift _____ <input type="checkbox"/> Schools- # of Students _____	
<i>EXPIRATION: All allocations will expire <u>one hundred and eighty (180) days</u> from receipt of an allocation if construction has not commenced; commencement is defined as installation of footings for each building receiving an allocation. All allocations, where construction is not applicable, will also expire if a business has not commenced operations within one hundred and eighty (180) days.</i>	
By signing here you acknowledge you have read and understand the expiration statement and this form:	Applicant's Signature: X _____

WATER DEPARTMENT

Acct Type: <input type="checkbox"/> Active <input type="checkbox"/> Inactive (Since ___/___/___) Allocation Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Utility Billing:
New Account: Does this application require a Water/Sewer System Development Worksheet? <input type="checkbox"/> Yes <input type="checkbox"/> No
City Water <input type="checkbox"/> City Sewer <input type="checkbox"/>
Customer Service Supervisor: _____

CITY SECTION

Planning/Building Dept Recommended amount: _____ G.P.D.	City Manager/Planning Director Amount Authorized: _____ G.P.D.
City Manager/ Planning Director Signature: _____ Date: _____	