



CITY OF MEBANE INSPECTIONS DEPARTMENT
BUSINESS OCCUPANCY APPLICATION
MAILING ADDRESS: 106 E. Washington St. Mebane NC 27302
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inspections@cityofmebane.com

TODAY'S DATE ___/___/___

APPROVALS REQUESTED : (___) New Business-Existing space & NO changes proposed (___) New Business-Changes proposed

IF THE INSTALLATION OF NEW SIGNAGE IS NECESSARY OR ANY CHANGES ARE BEING PROPOSED TO AN EXISTING SPACE IN CONJUNCTION WITH THE NEW BUSINESS, PLEASE OBTAIN ALL REQUIRED PERMITS.

BUSINESS INFORMATION

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

PHONE: _____ EMAIL: _____

TYPE OF BUSINESS _____

HOURS OF OPERATION _____ A.M./P.M. _____ A.M./P.M.

NUMBER OF SEATS PROVIDED _____ TYPE OF SEATING: CIRCLE ALL THAT APPLY (FIXED) (UNFIXED) (STANDING)

NUMBER OF PARKING SPACES PROVIDED _____

TOTAL BUILDING SQUARE FOOTAGE _____ TOTAL BUSINESS SQUARE FOOTAGE _____

CONTACT INFORMATION

BUSINESS OWNER: _____ CONTACT PHONE: _____

CORPORATE ADDRESS _____

MANAGER/CONTACT NAME: _____ EMAIL: _____

TARGET OPENING DATE: ___/___/___

OFFICE USE ONLY

Zoning District _____

Permitted Use (___) Yes (___) No

If no, consistent with non conforming use? (___) Yes (___) No

INSPECTOR: _____