

Town of Swansboro



New Business Application Packet

APPLICATION FOR ZONING CERTIFICATION
SWANSBORO CODE ENFORCEMENT DEPARTMENT
601 W. CORBETT AVE.
SWANSBORO, NC 28584
910-326-4428

Date: _____ Permit #: _____

Name of Applicant: _____

Phone Number: _____

Applicant Mailing Address: _____

Physical address of property: _____

Owner Name (if different): _____

Present use (if any): _____

Proposed use: _____

Signature of Applicant: _____

Note: *This application must be accompanied with the following:*

- 1) Description of Use
- 2) Floor Plan
- 3) Sewer Application or Health Department Certificate

This certificate/permit is granted to the recipient based upon compliance with provisions of the Unified Development Ordinance of the Town of Swansboro. There may be private covenants governing the use of the subject property which may be more or less restrictive. Nothing contained in this certificate/permit may be construed so as to allow the holder hereof to build upon or otherwise use the subject property in any manner contrary to such covenants.

Approved by:

Date:

TOWN OR ETJ ZONING: _____

APPLICATION REQUEST TO OCCUPY/FIRE INSPECTION
SWANSBORO CODE ENFORCEMENT DEPARTMENT
601 W. CORBETT AVE.
SWANSBORO, NC 28584
910-326-4428

PERMIT # : _____

OWNER NAME: _____ PHONE # : _____

OWNER ADDRESS: _____

JOB SITE ADDRESS: _____

BUSINESS NAME: _____ BUSINESS PHONE #: _____

OF EMPLOYEE(S): _____ HOURS OF OPERATION: _____

I CERTIFY THAT ALL OF THE INFORMATION IN THIS APPLICATION IS CORRECT AND WILL NOTIFY THE INSPECITON DEPARTMENT OF ANY CHANGES PRIOR TO THE START OF WORK.

OWNER/AGENT SIGNATURE: _____ DATE: _____

CODE ENFORCEMENT OFFICIAL : _____ DATE : _____

PERMIT FEE \$: _____

BUSINESS CONTACT INFORMATION
SWANSBORO POLICE AND FIRE DEPARTMENT
601 W. CORBETT AVE.
SWANSBORO, NC 28584
910-326-5151 • 910-326-5908

THE POLICE AND FIRE DEPARTMENTS MAINTAIN EMERGENCY CONTACT INFORMATION FOR ALL BUSINESSES IN THE TOWN AND ETJ

Date: _____ Sticker #: _____

Business: _____

Physical Address: _____ Phone #: _____

Owner: _____ Phone#: _____

Email Address: _____

Address: _____

Manager or 2nd Call Person: _____

Other Key Holder(s): _____ Phone #: _____

Alarm System: _____ Company: _____

Phone #: _____

Business Hours of Operation: _____

(FORWARD COPY WITH FLOORPLAN TO POLICE AND FIRE DEPARTMENT)

SIGN APPLICATION
 SWANSBORO CODE ENFORCEMENT DEPARTMENT
 601 W. CORBETT AVE.
 SWANSBORO, NC 28584
 910-326-4428

DATE: _____

PERMIT NO. _____

Applicant Name: _____ Phone: _____

Address (Mailing): _____

Physical Property Location: _____

Estimated cost of sign(s): _____ Is sign located at a shopping center? _____

Sign information:

TYPE	SIZE	HEIGHT ABOVE GROUND
Building: _____	_____	_____
Principle: _____	_____	_____
Portable: _____	_____	_____
Canopy/Awning: _____	_____	_____
Banner: _____	_____	_____
Real Estate: _____	_____	_____
Contractor: _____	_____	_____
Other: _____	_____	_____

Attach plans indicating requested sign(s) location on property. Give dimensions of the building facing any street or rights-of-ways. Individual message and size of each sign requested. Also, include message and dimensions of any existing sign(s) which will remain, if these sign(s) are approved.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE

 Applicant Signature

TOWN USE ONLY

Approved: _____ Denied: _____

PERMIT FEE \$: _____

 Code Enforcement Official



Town of Swansboro

601 W. Corbett Avenue
Swansboro, NC 28584
(910) 326-4428

• Friendly City by the Sea •

APPLICATION FOR LICENSE TO SELL BEER AND/OR WINE

COMPLETE AND SUBMIT TO THE ABOVE ADDRESS

1. Name of Business: _____ Federal ID #: _____

2. Corporation Name: _____
(if different than business name)

3. Business Location: _____ Telephone #: _____
(street address)

4. Mailing Address: _____
(if different than
business location)

5. Owner's Name: _____ Telephone #: _____
(if not Corporation)

Address: _____

6. APPLYING FOR LICENSE TO SELL:

_____ BEER—On Premises **\$15.00**

_____ BEER—Off Premises **\$ 5.00**

_____ WINE—On Premises **\$15.00**

_____ WINE—Off Premises **\$10.00**

ABC STATE PERMIT NO.

Signature of Applicant

OFFICE USE ONLY

DATE PAID	AMOUNT PAID	RECEIPT NUMBER	PRIVILEGE LICENSE NO.	CO ISSUED YES / NO

Expires April 30, 2023