

# 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  
AND REQUIRMENTS**

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

ALL NEW BUSINESS MUST INSTALL AND MAINTAIN A KNOX BOX RAPID ACCESS SYSTEM. INSTALLATION OF KNOX BOX OR PROOF OF PURCHASE MUST BE PROVIDED AND A FIRE INSPECTION COMPLETED BEFORE ANY BUSINESS CAN BE PROVIDED A CERTIFICATE OF OCCUPANCY AND BE ABLE TO OPEN TO THE PUBLIC. SEE THE FOLLOWING PAGE FOR KNOX BOX ORDERING INSTRUCTIONS.

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 2<sup>nd</sup> Call Person: \_\_\_\_\_

Other Key Holder(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Alarm System: \_\_\_\_\_ Company: \_\_\_\_\_

Phone # : \_\_\_\_\_

Business Hours of Operation: \_\_\_\_\_

**(FORWARD COPY WITH FLOORPLAN TO POLICE AND FIRE DEPARTMENT)**

# ONLINE ORDERING OPTIONS

**KNOXBOX.COM**

## Express ORDERING

With Express Ordering, property owners in a Department's jurisdiction can immediately purchase Knox products, keyed to that Department's System Code, without providing notice or securing pre-approval from the Department.

**1** Property Owner visits **knoxbox.com**, selects department + products.

**2** Property Owner checks out (creates account, adds shipping + payment info), completing transaction.

**3** Department receives an email notification when orders have been shipped.

## eApproval ORDERING

eApproval Ordering allows Departments to review and approve (or deny) products selected by property owners prior to purchase to confirm those products should be keyed to the Department's System Code. Once approved, customers then return to the Knox website to complete their transaction.

**1** Property Owner visits **knoxbox.com**, selects department + products, creates account and submits request for approval.

**2** Department "Approvers" receive email informing them they have a request to review

**3** Department "Approvers" log into Knox Partner Portal to review and approve or deny request.

**4** Upon Approval, Property Owner receives an approval email with secure cart link.

**5** Property Owner clicks link from email, logs into website, adds shipping + payment info, and completes transaction.

**6** Department receives an email notification when orders have been shipped.

**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**

<b>ABC STATE PERMIT NO.</b>

\_\_\_\_\_  
**Signature of Applicant**

### OFFICE USE ONLY

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

**Expires April 30, 2024**