

# TOWN OF CHRISTIANBURG

## Business Occupancy Application



### BUSINESS INFORMATION

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Description (use/activity): \_\_\_\_\_

### CONTACT PERSON

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

Email Address: \_\_\_\_\_

Relationship to property (check one):  Property Owner  Lessee  Agent (permit holder, design professional)

### SITE INFORMATION

Number of striped existing parking spaces: \_\_\_\_\_ parking spaces (including ADA parking)

Number of striped and signed ADA parking spaces: \_\_\_\_\_ parking spaces

Square footage of the building or space being occupied: \_\_\_\_\_ square feet

Yes  No: Will there be any alterations to existing signs or their locations?

Yes  No: Will there be any new signs added to the building?

Yes  No: Does the structure/parking lot have exterior lighting?

Yes  No: Will there be a dumpster on the premises?

Yes  No: Will there be any structural modifications to the building?\*

Yes  No: Will there be any changes to the parking lot or building entrance?\*

Yes  No: Any changes in the current means of egress that involve exit doors, corridors, or locking arrangements of required exit doors?\*

\*Any alterations to any part of the building require the alteration to comply with the current edition of the building code in effect at that time.

**DISCLAIMER:** An incomplete application can delay the approval process. Please fill out all fields aside from FOR IN OFFICE USE ONLY.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR IN OFFICE USE ONLY

Zoning: \_\_\_\_\_ Previous Use: \_\_\_\_\_

Yes  No: Does the building have an active sprinkler system?

Approved  Disapproved: Backflow prevention device verified for testing requirements.

NOTES:

Approved | Disapproved

Planning Director: \_\_\_\_\_ Date: \_\_\_\_\_

Building Official: \_\_\_\_\_ Date: \_\_\_\_\_