



CHANGE OF USE APPLICATION
Town of Kitty Hawk
Planning & Inspections Department
 101 Veterans Memorial Drive, PO Box 549
 Kitty Hawk, NC 27949
 Phone: 252-261-3552 Fax: 252-261-7900

Property Address: _____ **Business Name:** _____

Property Owner Name: _____ **Phone:** __ () () _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____ **Fax:** () () _____ **Cell:** () () _____

Tenant Name: _____ **Phone:** __ () () _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____ **Fax:** __ () () _____ **Cell:** __ () () _____

Outline of everyday business activities:

- a. Type of merchandise, product or services _____
- b. Number of employees at greatest shift _____
- c. Days/Hours of operations _____
- d. Amount of area used for office/retail space _____
- e. Amount of area used for inside storage _____
- f. Type of materials stored _____
- g. Is the storage area open to the public? () Yes () No
- h. The amount of outside storage or display proposed and location. _____

Attach the following information to your application

- Sketch of floor plan containing the proposed uses, storage, office & display areas
- Site plan showing any proposed changes to the site, including parking spaces & numbers

After you have provided this information, the Town will make a determination if your proposed use is allowed in your given zoning district. If the change cannot be approved administratively, then you may be required to submit a conditional use permit application for Planning Board and Town Council consideration.

STAFF USE ONLY:

Date: _____ **Fire Department** **Police Department** **Building Inspector**

Administrative Approval: _____ **Planning Board & Town Council Approval** _____

August
2008