

# Change of Use Permit

## HERTFORD COUNTY CODE ENFORCEMENT

### Building Inspections

307 W Tryon St. or PO Box 424 Winton, NC 27986

Office: (252) 358-7814 Fax: (252) 358-1241

The following items **MUST** be attached with this application for review:

- Zoning Permit  Plot Plan  Floor Plan (showing all rooms/uses)  
 Copy of Lease OR Recorded Act of Sale (if property has recently changed ownership)

**Project Address:** \_\_\_\_\_ **Parcel #** \_\_\_\_\_

Customer Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

**Value of Work:** \$ \_\_\_\_\_

Type of Construction:  Residential  Nonresidential

Type of Material: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

Description: \_\_\_\_\_

Building Area: Total Area (sf): \_\_\_\_\_

**\*Previous Use:** \_\_\_\_\_

**\*Proposed Use:** \_\_\_\_\_

Zoning Authorization:  Town  County  N/A Application # \_\_\_\_\_

\*\*\*\*\*

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Owner/Agent/Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL PERMIT FEES ARE NON-REFUNDABLE** – Checks payable to: Hertford County Inspections – Cash/Check ONLY

For parcel numbers go to [https://maps.roktech.net/ROKMAPS\\_Hertford/](https://maps.roktech.net/ROKMAPS_Hertford/)

**\*All trades must sign and purchase their permits\***