

CHANGE OF USE FORM



TOWN OF ORIENTAL
PO Box 472, 507 CHURCH STREET, ORIENTAL, NC 28571
(252) 249-0555 FAX (252) 249-0208
MANAGER@TOWNOFORIENTAL.COM

Applicant: _____

Address: _____

Email: _____ Phone: _____

Signature _____ Date _____

Owner (If different from Applicant): _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Describe Change of Use: Previous use: _____
Proposed Use:

PLEASE READ BEFORE SIGNING

I understand that a change in use may require a new application in compliance with the Town of Oriental Growth Management Ordinance. I certify that I am the property owner or that I am authorized to act on the property owner's behalf.

Applicant Signature

Date

FOR OFFICE USE: This change in use will affect (circle all that apply)

Parking Pervious/Impervious % Signage Zoning

Applicant will need to: (circle all that apply)

Increase Parking Modify pervious/impervious ratio Signage Rezoning

SUP/LUP required BRMSD signature required _____