



## CHANGE OF USE OR OCCUPANCY APPLICATION

City of Lowell  
101 W. 1<sup>st</sup> Street  
Lowell, NC 28098  
(704) 824-3518  
www.lowellnc.com

Application is hereby made for a Zoning Use Permit in connection with the following property:

1. Street Address of Property

\_\_\_\_\_

City: \_\_\_\_\_ Suite No.: \_\_\_\_\_

2. Property Owner: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name of Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

4. Name of Proposed Business: \_\_\_\_\_

5. Current and/or prior use of building/property (if vacant, describe most recent use)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Proposed Use of building and/or property:

(The City reserves the right to require additional information if your description of the proposed use does not provide sufficient detail). If the description requires more space, submit on a separate sheet of paper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. a) Will the proposed use occupy the entire building? ( ) Yes ( ) No If not, what area will you occupy? \_\_\_\_\_
- b) Square footage of the proposed use (REQUIRED). \_\_\_\_\_
- c) Are there Handicap Accessible restrooms provided? \_\_\_\_\_ ( ) Yes ( ) No
- d) How many? \_\_\_\_\_ Location: \_\_\_\_\_
- e) Is there an Accessible entrance provided? \_\_\_\_\_
8. Plans must be submitted if changes or improvements are proposed. Yes ( ) No ( )

- I hereby certify that I am the owner of record or that the owner has authorized me to submit this application.
- I also certify that the facts set forth in the foregoing application are true and correct.
- I understand that this application is **not a building permit** and that the proposed use will require a separate review and approval for compliance with Gaston County's Health, Safety and Fire Code if a Change of Use occurs with this permit.

Owner or authorized applicant:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\*\*\*Permits will be issued no later than ten (10) days from date of submission\*\*\*  
\*\*\*You will be contacted when the permit is available for pick up\*\*\*