



APPLICATION FOR OCCUPANCY PERMIT

Town of Montreat

Date: ____ / ____ / ____

Permit # _____

Location of Property: _____

PIN # of Property: _____ - _____ - _____ -00000

Name of Owner: _____ Phone #: _____

Address of Owner: _____

Name of Business: _____

Business Owner: _____

Type of Business: _____

Square Footage of Area: _____

Emergency Contact #: _____

Hours of Operation: _____

	OK	NO	Remarks
Building Inspector:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

	OK	NO	Remarks
Fire Inspector:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

	OK	NO	Remarks
Zoning Administrator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

~~~~~ Office Use Only ~~~~~

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

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

Check #: \_\_\_\_\_

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

Amount Paid: \_\_\_\_\_

Received By: \_\_\_\_\_