



PIN: _____

TOWN OF BURGAW ZONING COMPLIANCE PERMIT TRANSFER

Date: _____

APPLICANT INFORMATION

Name: _____ Phone: _____

Address: _____

Email Address: _____

PROPERTY ADDRESS

Location: _____

Owner: _____

Proposed Use (please list all proposed and potential uses): Home Occupation

SIGNATURE OF APPLICANT: _____ **DATE:** _____

OFFICE USE ONLY:	
Application received by: _____	Date: _____
New zoning compliance permit required Y / N	
Permit transferred by: _____	Date: _____
Permit transfer refused by: _____	Date: _____