

# TOWN OF LONG VIEW

2404 FIRST AVENUE, SOUTH WEST  
LONG VIEW, NORTH CAROLINA 28602  
(828) 322-3921



## Zoning Permit for Service Change

Permit number:
Contractor:
Contractor address:
Person Signing App.-Name & Phone
Contractor Phone :
Long View Privilege License Number:
Person Requesting Work (if not Owner)
Property Owner:
Owner Address :
Site address:
Zoning
Parcel Identification Number:    Catawba /Burke
Use of Property:
Project Description: (type service change)
<b>I, the undersigned, understand as applicant that this permit fulfills none of the requirements of a Zoning Permit for Occupancy or Occupancy under the Town Code of Long View.</b>
Remarks:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Town Employee

\_\_\_\_\_  
Date