



Town of Atoka
PH: (901) 837-5300 / FAX: (901) 837-0028
www.townofatoka.com

Commercial Change in Use or Occupancy Application

(2018) International Building Code Series is enforced)

PROPERTY INFORMATION

Property Location: _____ City: _____ State: _____ Zip: _____
Subdivision Name: _____ Lot Number: _____ Map & Parcel: _____
Cross Streets: _____ and _____ Located in a Flood Plain: Y/N _____
Zoning: _____ (NC, GC, I)

OWNER INFORMATION

Owner/Lessee: _____ Business Name: _____
Phone Number: _____ Business License # _____
Mailing Address: _____ Work/Cell Phone: _____
City: _____ State _____ Zip: _____

BUILDING/ZONING PERMIT INFORMATION

Specific Use: _____
Changes in use: Y / N _____ If Yes, indicate former use: _____

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and understand and assume responsibility for the establishment of the official property lines for required setbacks prior to start of construction and agree to conform to all applicable laws of this jurisdiction. I further certify that this information given is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____