



**TOWN OF TARBORO
COMMERCIAL UTILITY APPLICATION**

Acct # _____

Name of New Business _____ Taxpayer Identification # _____

Applicant Name _____ Applicant Phone _____

Billing Address _____

Email Address _____ Enroll in E-Billing _____

Property Owner _____ Owner Phone _____

Property Address _____

Emergency Contact _____ Emergency Phone _____

Type of Former Use _____ Name of Former Business _____

____ Assembly (Church, theater, restaurant, etc.)

____ Business (bank, clinic, office, etc.)

____ Residential Non-Commercial

____ Service Station

____ Transitional: _____ days

____ Mercantile (drug or retail store, etc.)

____ Educational (school, child care, etc.)

____ Storage

____ Other _____

Temporary usage for clean-up of building, painting and other uses that do not require a permit of ANY kind.

Type of New Use *Please be as descriptive as possible*

I understand that service applications are subject to proper Zoning and approval/permits/inspections from the appropriate Town Departments including Fire, Inspections, Public Works, and/or Electric. It is the applicant's responsibility to provide all necessary information to process this application. Failure to do so may delay or prevent the connection of utility services.

By signing below, I certify I have read and agree to all of the above, and to the best of my knowledge it is correct and truthful. If the applicant is a business entity, I also certify that I am an authorized representative of the entity.

Signature _____

Date _____

Office Use:

____ Applicant Identification

____ Copy of Lease or Verification of Ownership

____ Business Registration

____ Connection Fee Paid

____ Deposit Paid

____ Initial

____ Date

