



Occupancy Change Permit Application

Permit # _____

Property Identification Number (PIN#): _____

Property Address: _____

Business Name: _____

Zoning: _____ Heated SQFT: _____ Non-Heated SQFT: _____

Property Owner(s) Name: _____

Property Owners Address: _____ City/State/Zip Code: _____

Name of Applicant: _____ Phone Number: _____

Applicant's Address: _____ City/State/Zip Code: _____

Applicant's Email: _____

Current Property Use: _____ Proposed Property Use: _____

Attach the following: *Please note: Additional documentation/and or information may be required*

- Site Plan of the Property
- Floor Plan of the Property

Applicant's Signature

Date of Request

PLEASE RETURN COMPLETED APPLICATION BY MAIL OR IN PERSON AND FEES TO:

City of Port Wentworth
Development Services
7306 Highway 21, Suite 301
Port Wentworth, GA 31407