



Change of Occupancy

1. Property Address: _____
(Number/ Street) (City) (Zip + four)
2. Zoning Classification of Property: _____ How many units in building: _____
3. Unit number: _____ Area of Unit: _____ sq. ft.
4. Are 6" street address numbers and unit numbers on building? YES NO
5. Number of parking spaces provided for your unit: _____ Number of ADA spaces: _____
Number of parking spaces required: _____

*** Site Plan of Building and Parking lot is Required ***

6. Is property on sewer? YES NO (if not, applicant must provide Health Department approval)
7. Will there be any outdoor seating areas? YES NO If yes, total area: _____ sq. ft.

There may be a special use permit required for the outdoor seating areas.

8. Legal description: Lot(s): _____ Block(s): _____
Subdivision: _____ Unit or Sub-section: _____

9. Name of New Tenant (person's name): _____

Address: _____
(Number/Street) (City) (State) (Zip + four)

Phone Number: _____ Email: _____

10. Name of Proposed Business: _____

Proposed Use: _____

Phone Number: _____ Email: _____

11. Name of Previous Business: _____

Previous Use: _____

12. Property Owner(s) of Record: _____

Phone Number: _____ Email: _____



Inspection Information:

Fire Inspector:	Date:
Inspection Results & Comments: _____	
Building Inspector:	Date:
Inspection Results & Comments: _____	

Owner's Authorization / Inspection Information: Should an applicant not be the owner of the property; the applicant must submit a notarized authorization giving the applicant the right to apply for this permit. When requesting an inspection, it is very important that the inspectors are able to gain entrance to the premises. An inspector will not go into an open building containing valuables alone. Please note the following:

1. Fire Extinguisher – 2A10BC: One per 3000 square feet (75 feet of travel space) is required. More than one will be required if the area is to contain flammable material. Each must bear current certified tags installed by a fire extinguisher company.
2. Exit Signs & Emergency Lights: the need for exit lights and emergency lights will be determined on the basis the requirements of the National Fire Prevention Association (NFPA) for each type of occupancy. This determination will be made at the time of inspection with no penalty to the applicant if these lights are required.

Affidavit of Applicant & Owner(s)

I, the undersigned, being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of the majority of the property described and which is the subject matter of the proposed application; that all answers to the questions in this application, and all sketches, data and other supplementary matters attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the application may be considered, **and that if I am not the owner of the property, I have a notarized authorization from the owner(s)** as signed below.

<p>Applicant Affidavit State of _____, County of _____ The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this _____ day of _____, 20____ by _____ (name of person) who is <input type="checkbox"/> personally known to me, or <input type="checkbox"/> who has produced _____ as identification. Notary Signature: _____ Seal:</p>	<p>Owner Affidavit State of _____, County of _____ The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this _____ day of _____, 20____ by _____ (name of person) who is <input type="checkbox"/> personally known to me, or <input type="checkbox"/> who has produced _____ as identification. Notary Signature: _____ Seal:</p>
--	--