

STAFF USE ONLY

CHANGE OF USE / OCCUPANCY PERMIT APPLICATION

PERMIT EXPIRES 180 DAYS FROM DATE OF ISSUE

FOR OFFICE USE ONLY:

PERMIT NUMBER: _____ DATE: _____

TYPE OF PERMIT: CHANGE OF USE CHANGE OF OCCUPANCY CLASSIFICATION

APPLICANT INFORMATION:

Name: _____ Phone: _____

Address: _____ Email: _____

Property Owner: _____ Phone: _____

Address: _____ Email: _____

Proposed Business Name: _____

Proposed Use: _____

Previous Business Name: _____

Previous Business Use: _____

Corporation

Partnership

Individual

USE OF BUILDING

Single Story/Single Occ.

Single Story/Multi Occ.

Multi Story/Single Occ.

Multi Story/Multi Occ.

Parcel Number: _____ Section/Township/Range: _____

Zoning: _____ Total SQFT Building: _____



Mailing: 25440 W Newberry Rd
Newberry, Florida 32669
Tel: 352-472-2161 Ext. 3
www.NewberryFL.gov

Full Scope of all remodeling to be done: **(Remodeling will require a Commercial Building Permit)**

Total Valuation of Work: \$_____

A FEE OF \$150.00 IS ACCESSED FOR OCCUPANCY/CHANGE OF USE PERMITS WHEN AN INSPECTION IS REQUIRED. IF A RE-INSPECTION IS REQUIRED ADDITIONAL FEES WILL APPLY

CERTIFICATE OF USE / OCCUPANCY

*****NOTE:** These premises shall not be occupied until the City has issued a Certificate of Occupancy. Occupancy inspection is required by the City and also requires an approval by the Fire Marshall as well. I understand that if I intend to alter, renovate, repair, or add to the building or unit I must first obtain a Building Permit. I also understand that no sign can be constructed, erected, installed, structurally altered, changed or relocated before a sign permit is issued

I hereby acknowledge that I have read this application and state that the information above is correct and agree to comply with all City of Newberry Ordinances and State Laws regulating zoning and building construction.

Signature of Owner/Company Official

Date

STATE OF FLORIDA
COUNTY OF ALACHUA

Sworn to (or affirmed) before me by means of physical presence or online notarization,

this _____ day of _____, 20____, by _____.
(Day) (Month) (Year) (Name of Person Making Statement)

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced: _____

Located in the Historic Little Red School House
25815 S.W. 2nd Avenue