

**CHANGE OF USE / OCCUPANCY PERMIT APPLICATION**

\*\*\*PERMIT EXPIRES 180 DAYS FROM DATE OF ISSUE\*\*\*

**FOR OFFICE USE ONLY:**

**TYPE OF PERMIT:**

- CHANGE OF USE  
 CHANGE OF OCCUPANCY CLASSIFICATION

PERMIT NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

**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.ci.newberry.fl.us

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

**CIRTFIFICATE 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

**Located in the Historic Little Red School House  
25815 S.W. 2nd Avenue Newberry FL 32669**