



City of Alachua

BUILDING DEPARTMENT
PO BOX 9
ALACHUA, FL 32615
PHONE: (386)418-6120 * FAX: (386)418-6130

CHANGE OF USE/OCCUPANCY PERMIT APPLICATION

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

FOR OFFICE USE ONLY:

Form with fields for Applicant, Property Owner Name, Proposed Business Name, Previous Business Name, Check one of the following, Use of Building, Full Scope of all remodeling to be done, Driving Directions to the Job Site, Zoning, Valuation of Work.

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 approved inspection by the Alachua County Fire Marshall's Office as well. I understand that no sign can be constructed, erected, installed, structurally altered, changed or relocated before a sign permit is issued. I also understand that if I intend to alter, renovate, repair, or add to the building or unit I will first obtain a Building Permit.

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

PERMIT COST: _____
SURCHARGE: _____
TOTAL: _____

Signature of Owner/Company Official Date

STATE OF FLORIDA
COUNTY OF ALACHUA

Sworn to and subscribed before me this ___ day of ___, 20__ by
_____ who is personally known to me; or who presented
_____ as identification.

(Seal)

Notary Public, State of Florida

CITY OF ALACHUA BUILDING DEPARTMENT

Instructions for filling out the Change of Use Permit Application

These requirements are applicable to change of use, change of tenant or change of ownership of existing buildings without modifications.

Before any structure is used for any occupancy, please supply the following:

1. 2 sets of floor plans to scale specifying:
 - a. Total building square footage
 - b. Room dimensions and door sizes
 - c. Label all rooms – ie: restrooms, office, storage, hall, etc.
 - d. Show fixture layout – ie; shelving, racks, kitchen equipment layout, etc. (if applicable)
2. 2 sets of site plans to scale specifying:
 - a. Dimensions of property on all sides with North indicated.
 - b. Size and location of all structures on lot. Show dimensioned setbacks to all property lines and between buildings or structures located on property.
 - c. Location and dimensions of all easements.
 - d. Off street parking with number of spaces indicated.
3. If an application involves a food service establishment or bar, etc., plans must be approved by the Alachua County Health Department and the Alachua County Fire Marshal's Office
4. Signs require a separate permit application.
5. Any remodeling or renovations require a separate permit application.
6. After the permit is issued an inspection of the property must be requested by the owner or owners' representative. If the inspection reveals deficiencies or code violations, they must be corrected before the Certificate of Occupancy will be issued.
7. An electrical permit or a plumbing permit may be required to bring the electrical and/or plumbing up to code. These permits must be obtained by a State of Florida licensed contractor in those fields.
8. All changes of occupancy shall be brought up to handicap requirements.
9. Fire Inspections must be called in directly to the Alachua County Fire Marshal's office at (352) 384-3103. This inspection must be made prior to calling for a Change of Occupancy/Use Inspection by this Building Department.
10. Change of Occupancy/Use Inspections can be made by calling (386)418-6120. Inspections will be scheduled for the following day.
11. All violations/corrections shall be corrected prior to re-inspection or issuance of Certificate of Occupancy.

**EMERGENCY CONTACTS
FOR AFTER HOURS**

**IN THE EVENT OF BURGLARY, FIRE, ETC.
AT YOUR BUSINESS/COMPANY**

BUSINESS/COMPANY NAME: _____

BUSINESS/COMPANY PHONE#: _____

BUSINESS/COMPANY ADDRESS: _____

BUSINESS/COMPANY FAX #: _____

WEBSITE ADDRESS: _____

CONTACT PERSON #1: _____

HOME PHONE: _____ **CELL PHONE:** _____

CONTACT PERSON #2: _____

HOME PHONE: _____ **CELL PHONE:** _____

CONTACT PERSON #3: _____

HOME PHONE: _____ **CELL PHONE:** _____

**PLEASE RETURN WITH COMPLETED
CHANGE OF USE PERMIT
OR
OCCUPANCY LICENSE APPLICATION**