

PURPOSE OF A CHANGE OF USE PERMIT

A Change of Use permit review ensures that new activity in a location in the city complies with applicable law, including the zoning code, and coordinates with any plans of various City departments.

Some examples of activities requiring a Change of Use permit: Conversion of a thrift store to a realty office, changing from an attorney’s office to a record store, changing from a warehouse to a restaurant, changing from a dentist’s office to a daycare, changing from a single family to a duplex.

SUBMITTAL REQUIREMENT CHECKLIST

<input type="checkbox"/> Application	<input type="checkbox"/> Site Plan	<input type="checkbox"/> \$25 Fee (Cash or Check)
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APPLICANT INFORMATION	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Billing Contact
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Company Name:	
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Contact Person First Last Name:	
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Mailing Address:	
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Phone Number:	Email:
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OWNER INFORMATION

First Last Name:	
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Mailing Address:	
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Phone Number:	Email:
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PROJECT LOCATION	Address Assignment Request	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Street Address:	Parcel ID Number:
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Zoning District:	Current Use:
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ACTIVE CODE COMPLIANCE CASE		
Is there an active code compliance case on this site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes: Is this application related to the code violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Planning Commission, Board of Zoning Appeals, City Commission	
Is this application associated with any past or future action by a board or commission? Some examples – a variance, a Special Use Permit, a recent rezoning, etc. Please describe.	

HISTORICAL RESOURCE INFORMATION		
Does the project contain a designated historic resource or is it located within a designated historic district?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PROJECT INFORMATION - Attach additional page(s) if necessary.	
Briefly describe what is changing.	
Total Estimated Project Cost:	
Start Date:	End Date:

ACKNOWLEDGMENT AND AUTHORIZATION	
The undersigned acknowledges that the information provided herein is accurate to the fullest extent of their knowledge.	
_____	_____
Applicant Name	Date
_____	_____
Applicant Signature	Title