

Change of Occupancy

(Completed prior to obtaining a Certificate of Use)

****No Work being done****

PERMIT #			
DATE		Clerk	

TENANT INFORMATION								
Business Name:				Applicant's Name:				
Mailing Address:				Phone #:		Fax:		
City:		State:		Zip:		Email:		
PROPERTY INFORMATION								
Property Owner:								
Site Address:				Building unit #:				
City:		State:		Zip:		Block	Lot	Unit
Phone #:		Fax:		Strap #:				
Number of employees:				Square footage:				
Relocating an existing business in Cape Coral: <input type="checkbox"/> Yes <input type="checkbox"/> No				Business new to Cape Coral: <input type="checkbox"/> Yes <input type="checkbox"/> No				

***A CHANGE OF OCCUPANCY requires the applicant to pull a building permit, per FBC 2007, Chapter 1, Section 105.** At that time, a plans examiner will determine if any work will need to be done to bring the space into compliance. If work is required, a design professional or licensed contractor will be needed to assist you in your application process. If Plans that indicate that work will be conducted, a Remodel permit will be required.

OFFICE USE ONLY:			Occupancy Info. provided by Building Reviewer:			REVIEWERS INITIALS:		
Last Tenant Occupancy:				Proposed Occupancy:				
# of Parking Spaces on-site:			# of Spaces Taken:			# of Spaces Needed:		
Neighbor on Left:			Neighbor on Right:			Other Side:		

Change of Occupancy Permit Fee's:

Application Fee: **\$26.00** * To be paid when complete application is submitted by the Tenant

Electric Fee: **\$80.00** * To be paid when the permit is issued to an Electrician

** Additional road impact fees may apply (to be determined by Transportation).

**** Attached Checklist must be completed by the tenant in order to submit the application ****

Printed Name of Applicant: _____ Signature: _____ Date: _____

Issued by: _____ Date: _____

Tenants' Checklist:

****Provide Four (4) legible copies of plans / to include:**

(*copies available from City Clerk)**

- 1) Site Plan (clearly shows parking available, handicap parking and accessible route)
- 2) Proposed Floor plan (may need to enlarge plans) and indicate the following:

_____ Location & size of bathrooms & offices

_____ Locations of sinks and drinking fountains

_____ Location of Exit lights / Emergency Lights

_____ Location of Fire Extinguishers

_____ Location of all fixed items & furniture pertaining to your business: (shelves, counters, tables, half/knee walls, displays, desks, chairs, copiers, etc., that will be present at opening of business.)

_____ UL Listed Fire Wall Rating: for all walls bordering your unit (****should be on floor plan you get from City Clerk. See "tip" below**)

_____ List the neighboring business that Zoning (or Landlord) has provided on the 1st page.

****So our reviewers understand your needs, please provide us with a description of your Business:**

Please note: The plans must be prepared by the Applicant, please understand that our CSR's can not prepare the plans. The items we are asking for, can be found on past building plans provided at City Clerk, or through your Landlord or Owner.

Tips: The **UL listed fire rated walls** in between the units, may even be stenciled on the wall – just above the ceiling tiles, usually in large red print. The floor plan from City Clerk should identify the Fire Wall rating. It may not be in older buildings. If not on plans due to age, testing can be done to provide this – **please see your owner or landlord about this.**

Depending on the type of business, a **Ventilization Schedule** prepared by a mechanical contractor, may be required.