Change of Occupancy (Completed <u>prior</u> to obtaining a Certificate of Use)

No Work being done

†	PERMIT # DATE FORMATION Applicant's Phone #: Email:	Clerk Name:	
TENANT INF Business Name: Mailing Address: City: State: Zip: PROPERTY INFORMATION	Applicant's Phone #:	•	
Business Name: Mailing Address: City: State: Zip: PROPERTY INFORMATION	Applicant's Phone #:	Name:	
Mailing Address: City: State: Zip: PROPERTY INFORMATION	Phone #:	Name:	
City: State: Zip: PROPERTY INFORMATION			
PROPERTY INFORMATION	Email:		Fax:
Property Owner:			
Site Address:	Building uni	t #:	
City: State: Zip:	Block	Lot	Unit
Phone #: Fax:	Strap #:	•	
Number of employees:	Square foot	age:	
Relocating an existing business in Cape Coral: Yes	No Business ne	ew to Cape Cora	al: No
OFFICE USE ONLY: Occupancy Info. provided b	ov Building Revie	wer REVIEW	FRS INITIALS:
Last Tenant Occupancy:	Proposed O		ERO INITIALO.
# of Parking Spaces on-site: # of Spaces Taken:	_	# of Spaces	Needed:
Neighbor on Left: Neighbor on Right:		Other Side:	
Neighbor on Left: Change of Occupancy Permit Fee's:		Other Side:	
Change of Occupancy Permit Fee's:			Tenant
Change of Occupancy Permit Fee's: Application Fee: \$26.00 * To be paid when complete	e application is s	ubmitted by the	Tenant
Change of Occupancy Permit Fee's: Application Fee: \$26.00 * To be paid when complete Electric Fee: \$80.00 * To be paid when the perm	e application is so	ubmitted by the Electrician	
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Change of Occupancy Permit Fee's: Application Fee: \$26.00 * To be paid when complete Electric Fee: \$80.00 * To be paid when the perm	e application is so nit is issued to an apply (to be dete	ubmitted by the Electrician ermined by Tran	sportation).
Change of Occupancy Permit Fee's: Application Fee: \$26.00 * To be paid when complete Electric Fee: \$80.00 * To be paid when the perm ** Additional road impact fees may	e application is so nit is issued to an apply (to be dete	ubmitted by the Electrician ermined by Tran	esportation).

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

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

<u>Tips:</u> 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. <u>The floor plan from City Clerk should identify the Fire Wall rating.</u> 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.

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