

PURPOSE OF A CHANGE OF USE PERMIT		
<p>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.</p> <p>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.</p>		
SUBMITTAL REQUIREMENT CHECKLIST		
<input type="checkbox"/> Application	<input type="checkbox"/> Site Plan	<input type="checkbox"/> \$75 Review Fee
Application Fee: \$75	Link to payment portal - https://swipesimple.com/links/lnk_b5f8e6e9	

APPLICANT INFORMATION	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Billing Contact	
Company Name:			
Contact Person First Last Name:			
Mailing Address:			
Phone Number:	Email:		
PROPERTY OWNER INFORMATION			
First Last Name:			
Mailing Address:			
Phone Number:	Email:		
PROJECT LOCATION	Address Assignment Request	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Street Address:	Parcel ID Number:		
Zoning District:	Current Use:		

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:	
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
_____	_____
Property Owner Name	Title
_____	_____
Property Owner Signature	Title