



City of Longwood

CHANGE OF USE/ OCCUPANCY APPLICATION

NOTE: This is for a Change of Use/ Occupancy with no proposed construction ONLY

Application #: _____ Date Received: _____

ALL REQUESTED INFORMATION MUST BE COMPLETED TO PROCESS THE PERMIT

Business Address: _____ (Unit#)

Parcel/ Tax I.D. # _____ - _____ - _____ - _____ - _____ (Proof of ownership must be attached)

This can be obtained by a records search on the Seminole County Property Appraiser's website: www.scpafl.org

BUSINESS TAX RECEIPT (BTR) STATUS TENANT BUSINESS NAME: _____

Current (Attach Copy) Will Apply For/Receive BTR Prior to Final Inspection/CO N/A

All businesses must receive and keep a current Business Tax Receipt. An application must be submitted to the Business Tax Receipt Office in sufficient time to allow for the required review and inspections before business commences at the location.

Property Owners Information	
Property Owner	
Address of Owner	
Owners Telephone #	
Owners Email Address	

Business Information	
Business Name	
Business Owner(s) Name	
Owners Address	
Owner(s) Contact #	
Email Address	
Contact Name:	Contact #
Contact Email:	

PREVIOUS OCCUPANCY TYPE: _____ (Based on definition as declared in Ch. 3 of the Florida Building Code.)

TYPE OF OCCUPANCY (Proposed): _____ (Based on definition as declared in Ch. 3 of the Florida Building Code.)

TYPE OF BUILDING CONSTRUCTION: _____ (Based on definition as declared in Ch. 6 of the Florida Building Code.)

FIRE SPINKLER SYSTEM: YES NO **FIRE ALARM SYSTEM:** YES NO

SQUARE FOOTAGE: _____



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NOTICE: This application does not authorize any construction work, alterations, demolition or development associated with the above stated address. All construction work, alterations, demolition or development must have an approved Building permit prior to starting.

By signing below, I attest that all of the above information is correct and accurate, to the best of my knowledge:

<p>Signature of Owner /Date</p> <hr/> <p>Printed Name of Owner STATE OF FLORIDA, COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____, who is Personally known to me or has Produced (type of identification) _____ as identification and who did take oath.</p> <p>_____</p> <p>Signature of Notary Public State of Florida</p> <p>_____</p> <p>Print Name of Notary Public</p>	<p>Signature of Tenant /Date</p> <hr/> <p>Printed Name of Tenant STATE OF FLORIDA, COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____, who is Personally known to me or has Produced (type of identification) _____ as identification and who did take oath.</p> <p>_____</p> <p>Signature of Notary Public State of Florida</p> <p>_____</p> <p>Print Name of Notary Public</p>
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Impact Fees

Some Impact fees may be required prior to your Certificate of Occupancy being issued.

For more information contact the following:

1. The Seminole County Impact Fee office is at 1101 E First Street, Sanford, FL 32771. Debbie Troast 407-665-7356 or dtroast@seminolecountyfl.gov .
2. The City of Longwood Utility Impact Fee office is at 970 W SR 434, Longwood, FL 32750. Jammie Tackett, 407-263-2388 or jtackett@longwoodfl.org .

OFFICIAL USE ONLY	
Application Processed By	Reviewed By: _____ Date: _____
Building Official Review	Reviewed By: _____ Date: _____
Current Applicable Code Cycle:	Fire Marshal Inspection Date:
Occupancy Type:	Fire Marshal Inspection Results:
Occupant Load:	Occupancy Conditions: