



BUILDING DEPARTMENT

190 Malabar Road SW • Suite 105 • Palm Bay, Florida 32907

Phone: 321-953-8924 • Email: permitinfo@palmbayflorida.org

CHECKLIST FOR COMMERCIAL CHANGE OF USE PERMITS

PERMIT APPLICATION

The following information must be completed on the permit application:

- For office use only - Permit number
- Site address
- Legal description
- Parcel ID
- Owner's information
- Contractor's information
- Existing Occupancy type
- Proposed Occupancy type
- Occupant load for proposed occupancy
- Proposed changes to the floor plan (if applicable)
- Valuation
- Notarized Contractor signature

PLANS AND DOCUMENTS

Provide one digital copy:

- Full size floor plan
- Recorded Notice of Commencement for work valued at \$2500 or more. (NOC must be submitted to permitting prior to scheduling the first inspection.)

NOTES:

- If the work being done modifies any electrical, ac or plumbing work, additional permits will be required.

This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.



BUILDING DEPARTMENT

190 Malabar Road SW • Suite 105 • Palm Bay, Florida 32907
Phone: 321-953-8924 • Email: permitinfo@palmbayflorida.org

COMMERCIAL CHANGE OF USE PERMIT APPLICATION

Permit Number: _____

CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2020 7TH EDITION

Site Address: _____

Parcel ID: _____

Legal Description: _____

OWNER'S INFORMATION

Name: _____ State License Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

PROJECT INFORMATION

Changes made to original floor plan: Yes No (*if yes, additional permits will be required*)

Regulatory Agency Associated? Yes No

Florida Department of Children and Families

Agency for Health Care Administration

Agency for Persons with Disabilities

Other: _____

Florida Statute that regulatory agency falls under: _____

Name: _____

Phone number of regulatory agency contact person: _____

**See checklist for additional requirements.*

Total Valuation \$ _____

APPLICATION MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER

Contractor Signature

Date

Print Name

Notary Public, State of Florida

STATE OF FLORIDA, County of _____

(NOTORIAL SEAL)

The foregoing instrument was acknowledged before me by means of _____ physical presence or
online notarization this _____ day of _____, 20_____, by
_____ who is personally known to me
or has produced _____ as identification.

Owner or Owner's Authorized Representative Signature

Date

Print Name

Notary Public, State of Florida

STATE OF FLORIDA, County of _____

(NOTORIAL SEAL)

The foregoing instrument was acknowledged before me by means of _____ physical presence or
online notarization this _____ day of _____, 20_____, by
_____ who is personally known to me
or has produced _____ as identification.

FOR OFFICE USE ONLY

PERMIT FEE \$ _____ **Payment Method:** _____

Last 4 Digits of Credit Card or Check Number: _____ **Receipt Number:** _____

Application Date: _____ **Received By:** _____