



CHANGE OF USE/CHANGE OF OCCUPANCY

PERMIT #: _____ DATE REQUESTED: _____ ZONING DISTRICT: _____

COUNCIL DISTRICT: _____ DIVISION: _____ PARCEL #: _____

(OFFICE SECTION)

BUSINESS NAME: _____

BUSINESS LOCATION: _____

APPLICANT(S): _____

APPLICANT MAILING ADDRESS: _____

APPLICANT PHONE #: _____ APPLICANT EMAIL: _____

PROPERTY OWNER(S): _____

OWNER MAILING ADDRESS: _____

OWNER PHONE #: _____ OWNER EMAIL: _____

DESCRIPTION OF ALL BUSINESS ACTIVITIES THAT WILL OCCUR AT THE BUSINESS ADDRESS: _____

PREVIOUS USE OR OCCUPANT: _____

SQUARE FOOTAGE OF BUILDING OR TENANT SPACE: _____

OF PROPOSED PARKING SPACES: _____ # OF REQUIRED PARKING SPACES: _____

Applicant's Signature

Date

SUBMITTAL REQUIREMENTS:

- _____ 1. Completed and signed application.
- _____ 2. Copy of lease and/or proof of ownership of the property.
- _____ 3. Site plan indicating parking and/or landscaping, if required.
- _____ 4. Health Department approval, if required. Call 985-536-3535.
- _____ 5. Office of State Fire Marshal approval. Call 985-568-8506.
- _____ 6. Completed Wastewater application and Wastewater application fees submitted to the Department of Utilities at 434 Elm Street, Laplace.
- _____ 7. Payment of fees:
 - Change of Occupancy/Use-**\$100.00**
 - Planning & Zoning Inspection fee, if applicable- **\$50.00**
 - Technology fee - **\$10.00**

Additional requirements may include the following:

- Permits, certifications, or approvals from state agencies, if applicable. (Ex. DEQ)
- Trade permit or renovation permit
- Sign permit

Applicant's Signature

Date