

UNION COUNTY CHANGE OF TENANT/OWNER PERMIT APPLICATION

Please read below before completing this application.

- THIS APPLICATION BECOMES A PERMIT WHEN VALIDATED WITH A PERMIT NUMBER AND ZONING APPROVAL.
- COMPLETE THIS APPLICATION ACCURATELY, LEGIBLY AND CORRECT ERRORS ON ALL PAGES NEATLY. THIS IS A LEGAL DOCUMENT.
- NEED APPROVAL FROM LOCAL ZONING JURISDICTION OR UNION COUNTY WITH ADDRESS VERIFICATION.
- NEED ENVIRONMENTAL HEALTH FOOD SERVICE AND / OR DAYCARE APPROVAL AS APPLICABLE.

A CHANGE OF TENANT / OWNER INSPECTION ASSUMES A SINGLE BUILDING, ELECTRICAL, AND FIRE INSPECTION FOR AN EXISTING BUILDING WHERE THE **OCCUPANCY CLASSIFICATION HAS NOT CHANGED** AND THERE IS NO BUILDING PERMIT IN FORCE IN ORDER TO ISSUE A CERTIFICATE OF OCCUPANCY. IF NECESSARY, ONE ADDITIONAL INSPECTION, AT NO CHARGE FOR EACH ADDITIONAL INSPECTION (SEE FEE SCHEDULE). SEPARATE TRADE PERMITS WILL BE REQUIRED FOR ANY BUILDING, PLUMBING, MECHANICAL, OR ELECTRICAL WORK NEEDED TO CORRECT MAJOR DEFICIENCIES NOTED DURING THE INSPECTION. **PLEASE NOTE THAT IN MOST CASES, A SIGNIFICANT CHANGE IN THE USE (OCCUPANCY CLASSIFICATION) OF A BUILDING WILL RESULT IN THE NEED FOR A BUILDING PERMIT (SEE COMMERCIAL PLAN REVIEW SUBMITTAL REQUIREMENTS) AND MODIFICATION OF THE EXISTING BUILDING TO MEET THE CODE REQUIREMENTS FOR THE NEW USE (OCCUPANCY CLASSIFICATION).**

		TAX PARCEL NO.
OCCUPANT	BUSINESS / APPLICANT NAME: _____	
	SITE ADDRESS: _____ CITY: _____	
	STATE: _____ ZIP CODE: _____ PHONE NO: _____	
SITE INFORMATION	<input type="checkbox"/> PROPOSED USE: _____ <input type="checkbox"/> PREVIOUS USE _____	
	SUBDIVISION NAME: _____ LOT: _____ SUITE#: _____	
	STREET NO. AND NAME: _____	
	★★★PROPERTY IN THE ZONING JURISDICTION OF: _____	
	FOR OFFICE USE ONLY: ZONING <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED FLOOD: <input type="checkbox"/> YES <input type="checkbox"/> NO	
UTILITIES	WATER SUPPLY: <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> PRIVATE WELL	
	SEWER TYPE: <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> SEPTIC PERMIT NO. _____	
	VERIFICATION OF ABOVE INFORMATION IS REQUIRED	
GENERAL INFO	UTILITIES: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING POWER COMPANY: _____ GAS COMPANY: _____	
	COMMERCIAL: TYPE OF CONSTRUCTION: I II III IV V	
	NUMBER OF STORIES: _____	
	SPRINKLED _____ UNSPRINKLED _____ FIRE ALARM <input type="checkbox"/> YES <input type="checkbox"/> NO	
	HEATED SQ. FT. _____ UNHEATED SQ. FT. _____	
CONTRACTOR EMAIL ADDRESS: _____		

- THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

PRINT APPLICANT'S NAME _____ APPLICANT'S SIGNATURE _____ DATE _____

METHOD OF PAYMENT: ACCOUNT CASH OR CHECK CREDIT CARD