



Applicant is Proposing

- Change in Occupant Without Renovation or a Name Change Change in Occupant with Renovation / Interior Remodel
 Change in Occupant and Change in Use Medical Marijuana Facility

- 1. Change in Occupant with No Renovation:** The occupant is changing the owner to a new owner but without doing any renovations to the interior or exterior of the property. The business and use stay the same or are similar in nature. **aka Name Change**
- 2. Change in Occupant with Renovation:** This is where the occupant is being originally developed or changing owners and interior renovations are required. The business and use stay the same. **(requires interior build out permit)**
- 3. Change in Use:** This occurs where the use of the property is changed from one business to another whereby the new business is similar or more intense of use than previously occupied the property or structure. (e.g. day care to restaurant). A change in use will be evaluated and a determination of development review will be provided by the Planning and Zoning staff.

Property Owner

Name _____ Phone Number _____
Address _____
Parcel Number _____

Parcel / Business Information

Previous Business Name _____ New Business Name _____
Business Owner's Name / Contact _____ Electric Meter # _____
Business Address _____
Business Phone _____ Email _____

- Are you a new business to Clay County Yes No
- If you checked yes would you check the appropriate box
- I am relocating from another county or state*
 - I am the owner of a new non-franchised business
 - I am the owner of a new franchised business
 - I am a new corporate office
 - I am a new industrial development

*If you are relocating can you tell us where from _____

Describe the Business Activities Proposed	
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Owner / Applicant Affirmation

I hereby affirm that I am either the owner or legal lessee of the aforementioned business or property and that I will be occupying an newly developed or existing commercial development with the same use or similar use as determined by the Clay County Division of Planning and Zoning or that I affirm that I am changing or expanding the use and or improving the exterior of the site and am subject to development review requirements set forth in Article II of the Clay County Land Development Code. I hereby affirm that the information provided is true and accurate. I affirm that if I occupy the space with or without renovation that additional permitting is required and I understand that as a result of plan review, permit issuance, and subsequent inspections, that if it is determined that the proposal is not consistent with the information provided, this application shall be considered null and void. I hereby affirm that approval of this application does not constitute approval for any other permit that may be required by the county or other agency having jurisdiction.

By: _____ Print Name _____ Date _____

Witness Signature _____ Print Name _____

Official Use

Zoning: _____ Land Use: _____ Certificate #: _____

Approved By: _____ Print Name: _____

Date: _____

For a Change In Use

Approved By: _____ Title: _____

Date: _____

Type of Development Review Required

- Minor Development
- Major Development
- Re-occupation W/ Renovation
- Site Modification
- None

Comments: _____