



## City of Dunnellon - Community Development

20750 River Dr. | Dunnellon, Florida 34431

Phone: (352) 465-8500 x1010 | Email: [planning@dunnellon.org](mailto:planning@dunnellon.org)

### CHANGE OF USE/OCCUPANCY PERMIT APPLICATION

#### CHANGE OF USE/OCCUPANCY INSTRUCTIONS

Before **any** development activity occurs on a piece of property, a permit is required from the local jurisdiction. A permit is required before carrying out any building activity, the making of any material change in the usage, or change in appearance of any structure. Any material change in usage of a space (i.e. retail space to restaurant) requires site plan approval. Please contact the Community Development office for more information.

#### INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

You **must** provide:

- Lease or property owner's authorization
- State certification/registration, if applicable
- Federal EIN Number or Social Security Number
- Proof of registration with Florida State Division of Corporations ([sunbiz.org](http://sunbiz.org))

#### STEPS TO OPEN YOUR BUSINESS IN THE CITY OF DUNNELLON

<input type="checkbox"/>	Complete Change of Tenancy Application	Expect 5-7 business days for review.
<input type="checkbox"/>	City Staff will notify you when the zoning inspection permit is ready to be picked up.	
<input type="checkbox"/>	Pick up permit. - <b>Permits are valid for 60 days unless otherwise noted by Community Development.</b>	Business Tax Receipt will be issued after inspections have passed.
<input type="checkbox"/>	Call to schedule occupancy inspections (utilities must be on). The Inspectors will look for the following: <ul style="list-style-type: none"> <li>• Building Exit Signs</li> <li>• Emergency Lighting</li> <li>• Current CERTIFIED Fire Extinguishers</li> <li>• ADA compliant restrooms</li> </ul> <b>NOTE:</b> Separate building permits are required for new construction/remodeling work. Fines will be assessed for unpermitted work. If you plan to change or add signs for your business, please verify if a permit is required.	The Zoning Inspection Permit will have the phone numbers for you to call for inspection scheduling.
<input type="checkbox"/>	After all inspections have passed, return to City Hall to pay for and pick up your Business Tax Receipt.	<b>YOU ARE READY TO OPEN FOR BUSINESS!!</b> Display Business Tax Receipt in public view.
<input type="checkbox"/>	Business Taxes must be renewed annually. Renewal notices are mailed out in July/August.	Payment is due by September 30 <sup>th</sup> .



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## CHANGE OF USE/OCCUPANCY PERMIT APPLICATION

**Office Use Only:**

Permit #: \_\_\_\_\_ Date Received: \_\_\_\_\_

NOTE: Power is provided by Duke Energy. Water/sewer is provided by FGUA.

The tenant of proposed business is required to complete this application with assistance from the owner.

Parcel # \_\_\_\_\_

Proposed Business Address: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Name of Business (as it will appear on signage): \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

List any modifications to be made to building/unit\*\*

\_\_\_\_\_  
\_\_\_\_\_

\*\*any modifications will require a Certified Contractor to pull permits and a notarized letter of authorization from the property owner. Additional forms are required.

**Property Owner Information:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Tenant Information:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

MAXIMUM # STAFF AT ANY GIVEN TIME: \_\_\_\_\_

RESTAURANTS: NUMBER OF SEATS \_\_\_\_\_ DRIVE IN WINDOW: \_\_\_\_ YES \_\_\_\_ NO

BARBER OR BEAUTY SHOPS: NUMBER OF CHAIRS \_\_\_\_\_ HOTEL, MOTEL, ROOMING HOUSE # OF ROOMS \_\_\_\_\_

ARE THERE ANY PROPOSED RENOVATION/ADDITIONS TO THE EXISTING STRUCTURES? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, EXPLAIN \_\_\_\_\_

DO YOU PLAN TO PLACE A SIGN ON THE PROPERTY OR IS THERE AN EXISTING SIGN WHICH YOU PLAN TO MODIFY?

\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, SPECIFY \_\_\_\_\_

**ADDITIONAL REQUIREMENTS: (ATTACH COPIES OF ANY STATE OR COUNTY LICENSE HELD)**

ELIGIBLE FOR EXEMPTION \_\_\_\_\_ YES \_\_\_\_\_ NO REASON \_\_\_\_\_

STATE CERTIFICATION # \_\_\_\_\_ EXPIRATION \_\_\_\_\_

STATE EXEMPTION CERTIFICATE # \_\_\_\_\_

HEALTH DEPARTMENT CERTIFICATE # \_\_\_\_\_

**I SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

**SIGNATURE OF OWNER/APPLICANT:** \_\_\_\_\_

**DATE SIGNED:** \_\_\_\_\_ **TITLE** \_\_\_\_\_



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### CHANGE OF OCCUPANCY LETTER OF AUTHORIZATION

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

To Whom It May Concern:

The new tenant \_\_\_\_\_ at the above address has permission to operate a \_\_\_\_\_ business and to make necessary tenant improvements in order to operate same business. Any and all improvements, alterations, etc. must comply with the terms and conditions within the tenant/owner lease agreement, Building, and Zoning Codes. All costs incurred including but not limited to, construction, permits, impact fees, etc. will be at the tenant's expense and paid for by the tenant.

\_\_\_\_\_  
Signature of Owner

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
By \_\_\_\_\_ who is personally known to me or who has produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

(seal)



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### ACKNOWLEDGEMENT FORM

City of Dunnellon Code of Ordinances, Article XI outlines all sign requirements based on zoning.

**By signing this form, the business owner acknowledges that permits are required for signs and interior/exterior alterations.**

Examples of Permanent Signs requiring a permit:

- New building mounted signs with new framing or light box and new pole and monument signs
- Electrical work to existing and new signs
- LED scrolling text signs (require Community Development approval)
- Signs erected that are secured in or to the ground, including signs mounted on wooden posts
- Directional signs, awnings used as signage, and Drive-thru menu boards

Signs that do not require a permit:

- Replacement of existing plastic facing
- Promotional posters for civic events shall be permitted on private property seven days prior to event and must be removed within 24 hours after event.
- Yard sale signs: 72 hours.
- Business openings: 30 days per year.
- Banners: 30 days per year (excluded from size requirements).
- Holiday signs are allowed 30 days prior to the holiday and must be removed within 14 days after the holiday.

Other items requiring a permit:

- Electrical (Running electrical lines overhead or to other locations)
- Plumbing (Relocating sinks, toilet, adding hair washing sinks, etc.)
- HVAC, ventilation for nail salons and other exhaust systems
- Re/Moving interior walls, replacing doors (including roll up doors) and replacing windows
- Gas (Adding or moving gas lines)

I, \_\_\_\_\_ owner of the business, acknowledge the above for the business located at

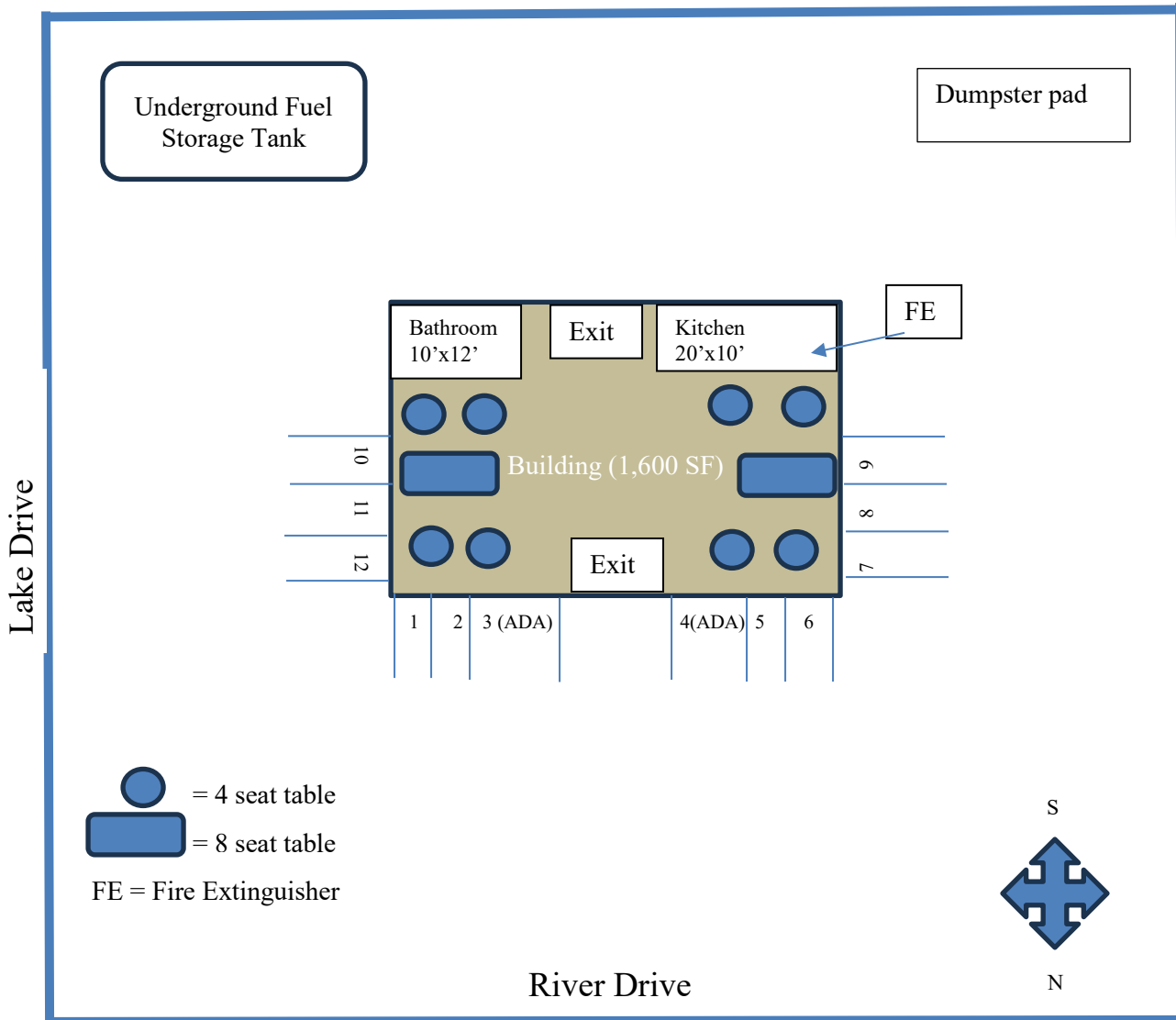
\_\_\_\_\_. If any construction, remodeling, or signage is done without proper permitting, fines will be assessed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COMMERCIAL SAMPLE SITE PLAN FOR ZONING APPLICATIONS  
(Change of Use, New Business)**

**Do not use this example as your site plan. Use next page to create your site plan.**



**The following must be included on the site plan. Measurements should be identified in feet.**

1. Indicate North direction.
2. Identify location of all existing structures on the property (include underground items).
3. Show street names.
4. Show parking spaces and number each space. Label ADA spaces.
5. Draw interior layout of building. Identify the following mandatory items:
  - a. Label each room and show the square footage of each room.
  - b. Fire extinguishers (cannot be expired).
  - c. Exits – must have working, lit exit signs.
  - d. Restaurants must show number of seats per table.

**COMMERCIAL SITE PLAN FOR ZONING APPLICATIONS**  
**Applicant site plan for change of use or new business**

**The following must be included on the site plan. Measurements should be identified in feet.**

1. Indicate North direction.
2. Identify location of all existing structures on the property (include underground items).
3. Show street names.
4. Show parking spaces and number each space. Label ADA spaces.
5. Draw interior layout of building. Identify the following mandatory items:
  - a. Label each room and show the square footage of each room.
  - b. Fire extinguishers (cannot be expired).
  - c. Exits – must have working, lit exit signs.
  - d. Restaurants must show number of seats per table.



**OFFICE USE ONLY**

CURRENT ZONING: \_\_\_\_\_

IS THE REQUESTED USE ALLOWED IN THE ZONING DISTRICT? NO \_\_\_\_\_ YES \_\_\_\_\_

IS THE REQUESTED USE RESULTING IN A CHANGE OF USE TO THE BUILDING? NO \_\_\_\_\_ YES \_\_\_\_\_

PRIOR OCCUPANCY USE: \_\_\_\_\_ CURRENT OCCUPANCY USE: \_\_\_\_\_

IS THERE AN OCCUPANCY LOAD CALCULATION ON FILE? NO \_\_\_\_\_ YES \_\_\_\_\_ (IF NO, REQUEST FROM FIRE)

# PARKING SPACES REQUIRED? \_\_\_\_\_ AVAILABLE PARKING SPACES: \_\_\_\_\_ # ADA SPACES: \_\_\_\_\_

CITY CODE SECTION USED FOR PARKING ANALYSIS: \_\_\_\_\_

BUILDING PERMIT REQUIRED? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

IS SIGN PERMIT REQUIRED? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Existing \_\_\_\_\_ Proposed \_\_\_\_\_

Building Official to determine Change of Use

Change of Use: Yes \_\_\_\_\_ No \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ REVIEWER: \_\_\_\_\_