



CITY OF PANAMA CITY BEACH

Building and Planning Department

CHANGE OF OCCUPANCY PERMIT APPLICATION

Code in effect 6th Edition Florida Building Code (2017)

Date: _____ Permit #: _____
JOB ADDRESS: _____ Zip Code: _____ Unit #: _____

Owner Information	Name: _____	Legal / Use / Work / Value	Parcel Number: _____
	Address: _____		Lot Number: _____ Block Number: _____
	Phone Number: _____		Type of Construction: _____
	Email: _____		Number of Floors: _____ Units: _____
		Size of Building: _____ (sq ft)	

Occupancy Classification

Current Occupancy Classification: _____ Zoning: _____

Change of Occupancy Classification: _____

Any structure that has a change of occupancy, will be required to adapt to any and all pertinent building and fire safety codes in relation to that change.

x _____
Signature of Applicant by (Print Name) _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me _____ Notary Name/Seal _____

this _____ day of _____ 20 _____, Personally known or I.D. _____

Comments: _____

BUILDING DEPARTMENT USE

Change of Occupancy Classification approved

Change of Occupancy denied per comments: _____

A Temporary Certificate of Occupancy issued for _____ days.

Reviewed By: _____ Date: _____

(Building Official Signature)