

**PINAL COUNTY BUILDING SAFETY
C of O / OCCUPANCY CHANGE**



CHANGE OF OCCUPANCY _____ CERTIFICATE OF OCCUPANCY _____

JOB/STREET ADDRESS: _____ SUITE # _____

ASSESSOR'S PARCEL #: BOOK _____ MAP _____ PARCEL _____

PROPERTY OWNER(S) _____ PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

RENTER/TENANT _____ PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SQUARE FOOTAGE OF FLOOR AREA _____

ARE THERE ANY SIGNS ON THE PROPERTY YES NO *Any changes to signs may require permits*

PRIOR USE: _____

PROPOSED USE: _____

**** 2 COPIES OF A FLOOR PLAN ARE REQUIRED AT TIME OF APPLICATION ****
(Please see attached example)

I understand that by signing below I am not making any changes or alterations to the current structure that would require a building permit (ex. mechanical, plumbing, electrical, partitions, signs, etc.)

PRINT NAME PLEASE

SIGNATURE OF OWNER/AGENT

DATE OF APPLICATION

SPECIAL CONDITIONS:

FOR OFFICE USE ONLY

TYPE OF CONSTRUCTION _____

OCCUPANT LOAD _____

OCCUPANCY CLASS _____

AUTOMATIC SPRINKLER YES NO

PERMIT FEE _____ REC# _____ PERMIT TECH/PLANS EXAMINER _____