PINAL COUNTY COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING SAFETY DIVISION
31 N. PINAL ST. BLDG. F, FLORENCE, AZ 85132/520-866-6442
C of O / OCCUPANCY CHANGE

Check one:
CHANGE OF OCCUPANCY  CERTIFICATE OF OCCUPANCY  HOME OCCUPATION

JOB/STREET ADDRESS:_____________________________________________________

PARCEL:______________________________________________________________

PROPERTY OWNER(S):____________________________________________________

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:________________________________________________________ NAME OF BUSINESS:________________________________________________________

** 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 __________________________ SIGNATURE OF OWNER/AGENT _______________ DATE OF APPLICATION _______________

CONTACT NAME IF DIFFERENT: __________________________________________ PHONE# __________________________

EMAIL: __________________________________________________________________________________________________________

SPECIAL CONDITIONS:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

FOR OFFICE USE ONLY:

TYPE OF CONSTRUCTION: ________________ ZONING FEE: ________________

OCCUPANT LOAD: ________________ CCO: ____________________________

OCCUPANCY CLASS: ________________ PERMIT FEE: _______________________

AUTOMATIC SPRINKLER: YES OR NO PT/PE: ____________________________

UPDATED:: AUG 2019