



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: _____ SUITE# _____

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: _____ 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