City of Florence, Mississippi Change of Occupancy Application

SUBMITTAL REQUIREMENTS FOR A CHANGE OF OCCUPANCY

- 1. Submit a change of occupancy application
- 2. Submit a floor plan drawn to scale showing
 - Overall dimensions, all walls and rooms
 - Location of all restrooms with plumbing fixtures
 - All exits, doors, halls, and windows with dimensions
 - All rooms or areas named and labeled as to the use
 - Businesses such as churches, restaurants, bars, etc. must provide a seating layout
 - Mechanical plans if changes to the heating, ventilation or air conditioning system will be made.
 - Electrical plans if changes to the electrical system will be made.
 - Plumbing plans if changes to the plumbing system will be made.
 - Placement of furniture must be shown

The plan does not need to be drawn by a licensed design professional.

3. You may be required to submit additional information depending on the exact uses, such as ventilation

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3. (Occupant/Tenant Name				
3. (
4. I	Contact Name				
	Email				
5.	ГеlephoneFax				
6. I	Emergency Contact Name				
	Telephone				
8. (Current Zoning of Building				
	Is the property located in a floodpla		Yes	No	
10. I	Prior Use: ☐ Office ☐ Restaura	ant □Retai	l □Educa	ational	\square Industrial
	Proposed Use: ☐ Office ☐ Rest ☐ Other	aurant $\Box R$	etail □E	ducationa	l □Industrial
	Proposed Occupancy:				
13. I	Hours of Operation:				
	Number of Occupants proposed				
	Number of Employees proposed				
	Gross Square footage of building/sp				
	Number of parking spaces provided				
	Number of handicap parking spaces				
	Number of commercial vehicles ow	-			
	Sprinkler System?	Yes	No		
	Fire alarm and detection system?	Yes	No		
	Grease Trap?	Yes	No		
	Food Service Planned?	Yes	No		
	If food service is planned then sepa	arate Health	Departmen	t approva	l will be required
24. I	Interior/Exterior construction chang		Yes	No	
25 (Changes must be shown on floor p	uan.	3 7	NT	
25. (Changes in signage proposed:	. 1 1	Yes	No ,.	,•
	Drawing of sign with dimensions n	nust be subm	itted with si	gn applic	anon.