


City of North Port
Neighborhood Development Services
4970 City Hall Boulevard
North Port, FL 34286

Phone (941) 429-7044 Fax (941) 429-7180 Email: bldginfo@cityofnorthport.com Inspections (855) 941-4636

Submittal Checklist for a New or Reissued Change of Occupancy Permit

1. Construction Type: _____
2. Roof Type: _____
3. Flood Zone: A _____ B _____
4. Structure Total Sq Ft: _____
5. Occupancy #: _____
6. Fire Sprinkler: Y _____ N _____
7. Fire Alarm: Y _____ N _____
8. Seating Capacity # _____

I attest that the information provided is true and accurate to the best of my knowledge:

Sign _____ Date: _____

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Permit No.

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Application for New or Reissued Change of Occupancy Permit

Zoning Designation: _____
Planning & Zoning Use Only

Occupancy Type Permitted by Planning & Zoning Division

By: _____
Planning & Zoning Division

Property Owner

Name	Phone Number
Address	

Business Owner

Name	Business Phone Number
Business Address with Unit #	Home Phone Number
Parcel ID	

Occupancy

Former Type	Former Name of Business	
New Type	New Name of Business	
Business: Description of Use		Square Footage

➤ **MUST PROVIDE COPY OF FLOOR PLAN FOR UNIT AND BUILDING**

- I certify that I am the business owner or authorized agent for the business owner and I will comply with all conditions of occupancy per State and City Codes.
- I certify that no Structural, Electrical, Plumbing, Mechanical, or Fire changes have been made to the Building.

Signature: _____ Date: _____

Are you using a contractor? _____ What is your permit Number? _____

Have you paid your impact fees? _____ When do you Expect to Open for Business? _____

_____ **Building Plan Review** _____ **Fire Plan Review** _____ **Utility Plan Review**

Warning: The Fire Marshall requests that all equipment and furniture be in place prior to his inspection.