



Change of Address Checklist

Fire Department

All buildings are subject to an inspection by the fire inspectors. **ANTICIPATE A CALL FROM THE FIRE DEPARTMENT.** THE FIRE INSPECTOR WILL CALL TO ARRANGE A TIME, CONVENIENT TO BOTH PARTIES FOR A FIRE INSPECTION.

Planning & Zoning Department

All buildings are subject to zoning approval, after which the business tax receipt application will be approved or denied.

Driver's License

Owner/Manager must submit copy of Driver's License or other photo identification

Notary

This application needs to be notarized. The building department can notarize your signature with proof of ID.

Home Based Businesses

Need to sign a residential affidavit. The signature on the affidavit also needs to be notarized.



APPLICATION FOR OCCUPATIONAL LICENSE
BUSINESS TAX RECEIPT

<input type="checkbox"/> New Commercial Business	<input type="checkbox"/> New Home Business	<input type="checkbox"/> New Industrial Business
<input type="checkbox"/> New Professional Office	<input type="checkbox"/> New Contract Employee	
<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Multi –Family, # of Units	
<input type="checkbox"/> Business Name Change	<i>former name</i> _____	
<input type="checkbox"/> Change of Address	<i>former address</i> _____	

Business Information

1. Name of Business _____

2. Address of Business _____

City _____ State _____ Zip _____ Business Phone () _____

3. Mailing address for Business _____

City _____ State _____ Zip _____ Business Phone () _____

Property Information

1. Building Owner's Name _____

Address _____

City _____ State _____ Zip _____ Phone () _____

2. Describe type of business/profession at this location _____

3. What business was located at this address previously? _____

4. Parcel # _____

Personal Information

1. Business Owners Name _____

2. Corporation Name _____

3. Home Mailing address for Owner _____

City _____ State _____ Zip _____ Home Phone () _____

Driver's License # _____ State _____ e-mail _____



City of DeLand

I understand that granting of the Business Tax Receipt implies only that the zoning of the location, as referenced on the Business Tax Receipt, in which I intend to operate my business is appropriate for that type of business. Additionally, I understand that the granting of a Business Tax Receipt does not waive my responsibility to ensure that all applicable requirements have been met. Additionally, I agree to hold the City of DeLand harmless for any damages that I may incur from failure to meet all City of DeLand requirements.

I hereby swear and affirm that the information provided is true and correct to the best of my knowledge. Dated this ____ day of _____, 20__.

Applicant Signature: _____ Date: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__
By _____ who is known to me or has produced
_____ as identification and who did take an oath.
Notary as to Owner _____ Date _____
(Seal)

Occupancy permit valid only after approval by the Chief Building Official and Fire Marshall.

For Office Use Only
Building Department:
Approved by Chief Building Official _____ Date _____
Remarks: _____
Fire Department:
Fire Inspection: Yes [] No [] (\$35.00) Date of Inspection: _____ Fire Inspector _____
Other Fire Services/ Inspections (Based on Fee Resolution) :
Inspection type _____ Fee: _____
Remarks: _____
Planning & Zoning Department:
Zoning Approved: Yes [] No [] Date: _____ Initials: _____ Zoning:
Remarks: _____



City of DeLand