CITY OF ELOY
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING SAFETY

595 North C Street
Eloy, Arizona 85131
Office: 520-466-2578

C of O / OCCUPANCY CHANGE

Check one:
CHANGE OF OCCUPANCY_____ CERTIFICATE OF OCCUPANCY _____ HOME OCCUPATION_____

PROPERTY STREET ADDRESS:_____SUITE# _____

PARCEL NUMBER: _____

PROPERTY OWNER(S)_____PHONE _____

MAILING ADDRESS _____

CITY_____STATE_____ZIP _____

RENTER/TENANT_____PHONE _____

MAILING ADDRESS _____

CITY_____STATE_____ZIP _____

SQUARE FOOTAGE OF FLOOR AREA _____

Please be advised the any changes to signs requires separate approvals and permits

PRIOR USE: _____

PROPOSED USE:_____NAME OF BUSINESS: _____

DETAILED DESCRIPTION OF PROPOSED TENANT'S USE (indicate type of use and include any materials or manufacturing that may be performed on site) :_____

_____

_____

_____

EXISTING FIRE SPRINKLER SYSTEM : _____NO _____YES

Hazardous Materials Stored on Site: _____NO _____YES If yes, attach list of materials and amounts to be stored, idneify where they will be stored: _____OFFICE _____RETAIL _____MERCANTILE _____STORAGE _____OTHER

<u> 2 COPIES OF A FLOOR PLAN ARE REQUIRED AT TIME OF APPLICATION **</u>**

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: _____