



City of Palm Bay Building Department  
190 Malabar Rd., Suite 105  
Palm Bay, FL 32907  
Ph: 321-953-8924 Website: [www.palmbayflorida.org](http://www.palmbayflorida.org)

# RESIDENTIAL CHANGE OF USE PERMIT APPLICATION

Permit #: \_\_\_\_\_

## CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2020 7<sup>TH</sup> EDITION

Site Address: \_\_\_\_\_

Legal Description (Section/Block/Lot): \_\_\_\_\_

Parcel ID: \_\_\_\_\_

### Owner's Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Contractor's Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip \_\_\_\_\_

State License no. \_\_\_\_\_

## PROJECT INFORMATION

Care type: ☐ Childcare ☐ Adult care 24-hour supervision? ☐ Yes ☐ No Number of occupants: \_\_\_\_\_ Number of beds: \_\_\_\_\_

Changes made to original floor plan: ☐ Yes ☐ No (if yes, additional permits will be required)

**\*See checklist for additional requirements.**

Total Valuation \$ \_\_\_\_\_

## APPLICATION MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER

\_\_\_\_\_  
Contractor Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Public, State of Florida

STATE OF FLORIDA, County of \_\_\_\_\_

[NOTARIAL SEAL]

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Owner or Owner's Authorized Representative Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Public, State of Florida

STATE OF FLORIDA, County of \_\_\_\_\_

[NOTARIAL SEAL]

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

## FOR OFFICE USE ONLY

PERMIT FEE \$ \_\_\_\_\_ Payment method: \_\_\_\_\_ Last 4 Digits of Credit Card or Check no.: \_\_\_\_\_ Receipt no.: \_\_\_\_\_

Application date: \_\_\_\_\_ Rec'd by: \_\_\_\_\_



## Building Department CHECKLIST FOR RESIDENTIAL CHANGE OF USE PERMITS

---

**PERMIT APPLICATION** – The following information must be completed on the permit application:

- For office use only - Permit number
- Site address
- Legal description
- Parcel ID
- Owner's information
- Contractor's information
- Care type
- 24-hour supervision
- Number of occupants
- Number of beds
- Proposed changes to the floor plan (if applicable)
- Valuation
- Notarized Contractor/Homeowner builder signature

**PLANS AND DOCUMENTS** – Provide 3 copies(if applying digitally, only one copy required):

- Full size floor plan
- Recorded Notice of Commencement for work valued at \$2500 or more. (NOC must be submitted to permitting prior to scheduling the first inspection.)
- **\*\*If applying for the permit as a homeowner builder, a copy of the recorded warranty deed or property card showing homeowners name from the property appraiser's website must be submitted, along with HOB Affidavit.**

**NOTES:**

- If the work being done modifies any electrical, ac or plumbing work, additional permits will be required.

*This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.*