



**Community Development Department
Planning Division**

4200 Indian Bayou Trail, Destin, FL 32541
Phone: (850) 654-1119 Fax: (850) 460-2171

APPROVAL DATE

CHANGE OF USE APPLICATION

(Non-Specified)

SUBMITTAL REQUIREMENTS:

- COMPLETED APPLICATION
- PROOF OF OWNERSHIP
- AGENT AFFIDAVIT OR OWNER SIGNATURE ON APPLICATION
- ALL SHARED PARKING AGREEMENTS (IF APPLICABLE)
- FLOOR PLAN (*May be required if number of bedrooms does not match Property Appraiser's record*)
- SCALED SITE PLAN
 - LIST OF ALL EXISTING USES ON THE SITE
 - PARKING SPACE LAYOUT AND DIMENSIONS
 - PROPERTY LINES

OWNER OF PROPERTY: _____

APPLICANT/REPRESENTATIVE NAME: _____

BUSINESS NAME: _____

OWNER ADDRESS: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

CITY, STATE, ZIP: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

SITE ADDRESS: _____

PARCEL ID(S): _____

ZONING DISTRICT CLASSIFICATION: _____

PREVIOUS USE OF SUITE, BUILDING, OR SITE: _____

PROPOSED USE OF SUITE, BUILDING OR SITE: _____

IS THE PROPOSED CHANGE AN EXPANSION, ADDITION OR INTENSIFICATION? YES NO

IS THE PROPOSED CHANGE A SHORT TERM RENTAL? YES NO

PROVIDE THE NUMBER OF BEDROOMS _____ NUMBER OF PARKING SPACES _____

DETAILED DESCRIPTION OF PROPOSED CHANGE:

DURATION OF CHANGE OF USE: Permanent (180 days or more)
 Temporary (179 days or less)
 Seasonal (Between March 1st and October 1st)

DOES THE PARCEL HAVE MORE THAN ONE USE ON SITE? YES NO
(i.e. Shopping Centers, multiplexes, etc.)

PARKING AGREEMENT(S) ATTACHED: YES NO
(ALL EXISTING PARKING AGREEMENTS ARE REQUIRED TO BE SUBMITTED)

DOES THE PROPERTY HAVE A DEVELOPMENT ORDER? YES NO

FINAL DEVELOPMENT ORDER NO. (If applicable): D.O.- _____ - _____

IS THE PROPOSED CHANGE A TEMPORARY SPECIAL EVENT? YES NO

1. **Will there be any mobile vendors on site?** _____
 Yes
 No

IS THE PROPOSED CHANGE OF USE A HOME OCCUPATION OR OFF-SITE BUSINESS? YES NO

(IF YES, PROCEED TO HOME OCCUPATION QUESTIONNAIRE)

By signing below both the applicant and owner confirm that all information provided in this application and supporting documents is true and complete.

PROPERTY OWNER SIGNATURE DATE

APPLICANT SIGNATURE DATE



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HOME OCCUPATION QUESTIONNAIRE

1. Is the proposed home occupation any of the following business types? YES NO
 - a. Beauty/barber shops,
 - b. appliance and motor repair,
 - c. automotive/vehicle repairs/paint and body work,
 - d. florist,
 - e. veterinary clinic,
 - f. radio/television repair,
 - g. work involving hazardous materials,
 - h. restaurants, bars, lounges or bottle clubs,
 - i. fortunetellers or similar occupations,
 - j. wholesale sales,
 - k. retail sales,
 - l. commercial special event venues
2. Are there any employees other than those who are residents of the home? YES NO
3. Will anyone be coming to your home to conduct business? YES NO
4. What is the total area (square feet) of the home? _____sq. ft.
5. What is the total area to be used for the requested home occupation? _____sq. ft.
6. Is there any outside storage or signage on the property? YES NO
7. Will there be any merchandise or goods of any kind sold on the property? YES NO
8. Will your home be used primarily for office or administrative purposes? YES NO
9. Are you conducting business at site other than the primary location of the business?
YES NO
If yes, please list the address of the business's primary location: _____

FOR STAFF USE ONLY

Planning Review: _____ Date: _____

Building Review: _____ Date: _____

Code Compliance Review: _____ Date: _____

Engineering: _____ Date: _____

Fire Control District: _____ Date: _____