



Town of Hilliard Change in Occupant Application

FOR OFFICE USE ONLY

File # _____
Application Fee: _____
Filing Date: _____ Acceptance Date: _____

Change in Occupant **Without** Renovation/Name Change
Change in Occupant **With** Renovation
Change in Occupant **And** Change in Use

- Change in Occupant **Without** Renovation or a Name Change:
The Owner and/or Occupant is changing a new Owner and/or Occupant but **Without** doing any renovations to the interior or exterior of the property. The business & use stay the same or are similar in nature.
- Change in Occupant **With** Renovation/Interior Remodel: This is where the Owner and/or Occupant is changing and interior renovations are required. The business and use stay the same. (requires Building Permit)
- Change in Use: This occurs where the use of the property is changed from one business to another whereby the new business is similar or more intense of use than the previous occupant of the property or structure (e.g. daycare to restaurant).

c. Property Owner

Name: _____ Phone Number: _____
Address: _____
Parcel Number: _____

Parcel / Business Information

Previous Business Name: _____ New Business Name: _____
Business Owner's Name/Contact: _____
Business Address: _____
Business Phone: _____ Email: _____

Please describe the Business Activities Proposed:

Owner/Applicant Affirmation

I hereby affirm that I am either the Owner or Legal Lessee of the aforementioned business or property and that I will be occupying a newly developed or existing development with the same use or similar use or that I affirm that I am changing or expanding the use and/or improving the exterior of the site and am subject to development review requirements set forth in. I hereby affirm that the information provided is true and accurate. I affirm that if I occupy the space with or without renovation that additional permitting is required and I understand that as a result of plan review, permit issuance, and subsequent inspections, that if it is determined that the proposal is not consistent with the information provided, this application shall be considered null and void. I hereby affirm that approval of this application does not constitute approval for any other permit that may be required by the county or other agency having jurisdiction.

By: _____

Print Name: _____

FOR STAFF ONLY

___ Approved ___ Disapprove
Comments/Conditions

Land Use Administrator _____ Date _____

___ Approved ___ Disapprove
Comments/Conditions

Building Official _____ Date _____

___ Approved ___ Disapprove
Comments/Conditions

Fire Marshal _____ Date _____