



**Planning Department**  
 420 Villa Drive, Box Elder, SD 57719  
 Phone: 605-923-1404 Fax: 605-923-4264  
 This institution is an equal opportunity provider

## Application for Change of Occupancy/Use Permit

**A non refundable fee of \$20.00**

Before a Change of Occupancy Permit will be issued, a detailed floor plan of existing must be submitted with this application.

If there are proposed floor plan changes then a formal Building Permit Application must be filled out.

**Applicant / Agent Name:**

Company: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Property Owner Information**

Company: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Former Occupancy: \_\_\_\_\_ Former Business Name: \_\_\_\_\_

New Occupancy: \_\_\_\_\_ New Business Name: \_\_\_\_\_

New Business Description of Use: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business phone number: \_\_\_\_\_

Are you using a contractor?  Yes  No

**Acknowledgement** – I/We hereby acknowledge that I/we have familiarized ourselves with the rules and regulations to the preparation of this application and the information is true and complete to the best of our knowledge.

**Owner**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

(Required for Corporations, Partnerships, LLC & Other)

**Applicant / Agent**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

(Required for Corporations, Partnerships, LLC & Other)

Office Use Only			
Date Filed:		Project #:	
Date issued:		Finance Dept Review:	
Building Dept:			