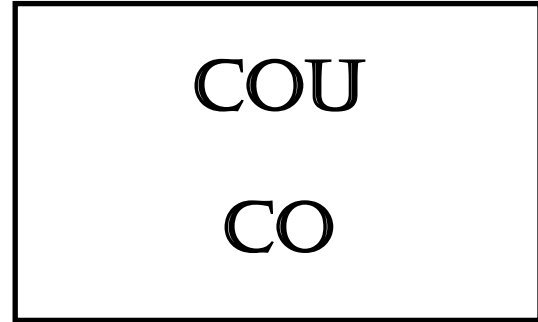




CHANGE OF USE CERTIFICATE OF OCCUPANCY RE-ISSUANCE APPLICATION

**Application for Change of Use or
Certificate of Occupancy Re-issuance**

COUNTY OF HENRICO, VIRGINIA
DEPARTMENT OF BUILDING CONSTRUCTION AND INSPECTIONS
4301 E. PARHAM ROAD ♦ HENRICO, VA 23228
P.O. BOX 90775 ♦ HENRICO, VA 23273-0775
henrico.us/bldg. ♦ PHONE (804) 501-4360 ♦ FAX (804) 501-4984



May 1, 2015

Date of Application:	<input type="checkbox"/> CO Re-Issuance
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Permit Number:	<input type="checkbox"/> Change of Use
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Location	STREET ADDRESS
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OWNER OF RECORD	NAME		
	ADDRESS		
	CITY	ST	ZIP
	PHONE	FAX	E-MAIL

PROPOSED NEW OCCUPANT:	PRESENT / LAST OCCUPANT:
PROPOSED NEW USE:	PRESENT / LAST USE:

SQ. FOOTAGE OF FINISHED _____	WATER SOURCE	METHOD OF SEWAGE DISPOSAL
SQ. FOOTAGE OF UNFINISHED _____	<input type="checkbox"/> COUNTY WATER <input type="checkbox"/> PRIVATE COMPANY <input type="checkbox"/> WELL	<input type="checkbox"/> COUNTY SEWER <input type="checkbox"/> PRIVATE COMPANY <input type="checkbox"/> SEPTIC TANK

WILL ANY FIRE PROTECTION, PLUMBING, MECHANICAL, OR ELECTRICAL WORK BE DONE?
 NO YES IF YES, SPECIFY BELOW

WILL ANY ALTERATIONS BE MADE TO THE BUILDING?
 NO YES IF YES, SPECIFY BELOW

DESCRIPTION OF WORK TO BE DONE	

A permit is required for any alterations to the building or its fire protection, plumbing, mechanical, or electrical systems. None of this work is to be started without first obtaining a permit for this work. It is unlawful to change the occupancy of any building or structure prior to obtaining the required Certificate of Occupancy.

I hereby certify that I am the owner of this property or that I have the authority of the owner to make application, that the information given is correct and that the use shall conform to the County Health, Building, and Zoning ordinances which are imposed on the property.

APPLICANT NAME	TITLE
PHONE	FAX
E-MAIL	
STREET ADDRESS	
CITY	STATE
ZIP	
SIGNATURE	PRINT NAME

FOR OFFICE USE ONLY

Construction Type: _____ Use Group: _____ Occupancy Load: _____ Sprinkler: _____

Comments: _____

APPROVED BY _____	DATE _____
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