



**CITY OF ST. CLOUD  
CHANGE OF USE**

Application Fee \$25.00  
Fire Plans Review Fee \$25.00  
Total Due \$50.00

**FOR OFFICIAL USE ONLY**

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

Case #: \_\_\_\_\_

**APPLICANT INFORMATION**

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

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Business Name: \_\_\_\_\_ Proposed Business Location: \_\_\_\_\_

Left Adjoining Business \_\_\_\_\_ Right Adjoining Business \_\_\_\_\_

**OWNER INFORMATION** (according to Osceola County Property Appraiser [ira.property-appraiser.org](http://ira.property-appraiser.org)):

Property Owner Name: \_\_\_\_\_ Property Owner Address: \_\_\_\_\_

**IF APPLICANT IS NOT THE PROPERTY OWNER, A NOTARIZED AGENT AUTHORIZATION FORM IS REQUIRED.**

**PROPOSED USE INFORMATION**

*THE INFORMATION BELOW IS REQUIRED BY THE CITY OF ST. CLOUD LAND DEVELOPMENT CODE FOR REVIEW OF CHANGE OF USE REQUEST (SECTION 4.2.4.D)*

Type of Business: \_\_\_\_\_

Please provide a **detailed summary** of the proposed business operations. (Note: may be submitted as an attachment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Square footage of floor area subject to change of use: \_\_\_\_\_

	YES	NO		YES	NO
Will there be food preparation on site?	<input type="checkbox"/>	<input type="checkbox"/>	Will there be vehicle repair on site?	<input type="checkbox"/>	<input type="checkbox"/>
Is a hood system present?	<input type="checkbox"/>	<input type="checkbox"/>	Is a fire sprinkler and/or fire alarm system present?	<input type="checkbox"/>	<input type="checkbox"/>
Please note if any of these are present:	grease trap	<input type="checkbox"/>	hair trap	<input type="checkbox"/>	oil/sand separator <input type="checkbox"/>

Will improvements be made to the **BUILDING**?  NO  YES

If yes, please provide details:

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Will improvements be made to the **SITE**?  NO  YES

If yes, please provide details:

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**A SCALED DRAWING OF THE SITE IS REQUIRED:**

- Floor plan (with dimensions) of all units/buildings
- If cooking will be performed, include type of equipment and location on floor plan
- Include exits and life safety devices on floor plan
- Parking (with dimensions), including handicapped spaces
- Loading (if applicable)
- Ingress/egress to the site
- Dumpster location
- Adjacent roadways
- Adjoining occupancies (if applicable)
- Existing and proposed signage
- Traffic circulation pattern
- Any other information pertinent to the operation of the site

**PLEASE NOTE THAT ADDITIONAL INFORMATION MAY BE REQUIRED TO COMPLETE REVIEW OF THE PROPOSED CHANGE OF USE. THE CITY RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION TO FULLY EVALUATE THE REQUEST.**

I certify that I have reviewed the requirements for application of a change of use and that my submission meets all requirements. I understand that this application must be completed in its entirety and failure to do so may result in a delay of review. I further understand that this review applies only to the proposed use as described above and any changes or deviations are not specifically approved and may require further review by the City.

\_\_\_\_\_  
**APPLICANT/AGENT**

\_\_\_\_\_  
**DATE**

<b>FOR OFFICIAL USE ONLY</b>	
Parcel Identification Number (list all):	
Previous use:	
Future Land Use Map Designation:	
Zoning District:	
City Use Classification:	
Development Review Committee Due Date:	

