



CITY OF BELLEVUE

"City with Small Town Charm"

DEVELOPMENT SERVICES DEPARTMENT

5343 S.E. Abshier Blvd., Belleview, Florida 34420

www.belleviewfl.org Email: DSStaff@belleviewfl.org

Telephone: (352) 245-7021 Fax: (352) 245-6532

CHANGE OF TENANCY PERMIT INSTRUCTIONS

Before **any** development activity occurs on a piece of property, a permit is required from the local jurisdiction. A permit is required before carrying out any building activity, the making of any material change in the usage, or change in appearance of any structure. Any material change in usage of a space (i.e. retail space to restaurant) requires site plan approval. Please contact the Development Services office for more information.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

You **must** provide:

- Lease or property owners authorization
- Garbage service provider
- State certification/registration, if applicable
- Federal EIN Number or Social Security Number
- Proof of registration with Florida State Division of Corporations (sunbiz.org)

STEPS TO OPEN YOUR BUSINESS IN THE CITY OF BELLEVUE		
<input type="checkbox"/>	Complete Change of Tenancy/Business Tax Application Fee for Change of Tenancy permit: \$204.00	Expect 2-3 days for application review
<input type="checkbox"/>	City Staff will notify you when the permit is ready to be pick-up.	Fees for water/sewer connection are calculated at this time
<input type="checkbox"/>	Pick-up permit.	Business Tax will be issued after inspections have passed
<input type="checkbox"/>	See Utility Billing for City water/sewer connection. Turn on electric with power company.	1-2 days for water connection to be completed
<input type="checkbox"/>	Call to schedule occupancy inspections (utilities must be on). The Inspectors will look for the following: <ul style="list-style-type: none"> • Building Exit Signs • Emergency Lighting • Current CERTIFIED Fire Extinguishers • ADA compliant restrooms NOTE: Separate building permits are required for new construction/remodeling work. Fines will be assessed for unpermitted work. In addition, if you plan to change or add signs for your business, please verify if a permit is required.	Call the Building Dept. at 352-245-7021 Ext. 2105 to schedule. Inspections are available Monday through Thursday and must be scheduled by 4:00 PM the business day prior. Marion County Fire Prevention will also conduct their own inspection. Please call 352-291-8050 to schedule with them.
<input type="checkbox"/>	After all inspections have passed, return to the Building Dept. to pay for and pick-up your Business Tax (fee varies; based on type of business and size of unit).	YOU ARE READY TO OPEN FOR BUSINESS!! Display business tax certificate in public view
<input type="checkbox"/>	Business Taxes must be renewed annually. Renewal notices are mailed out in July.	Payment due by September 30 th



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Received by: _____
Application Date: _____
Fees Rec'd: _____

ACKNOWLEDGEMENT FORM

Belleview City Code, Section 126 outlines all commercial sign requirements.

By signing this form, the business owner acknowledges that permits are required for signs and interior/exterior alterations.

Examples of Permanent Signs requiring a permit (Sec. 126.5):

- New building mounted signs with new framing or light box and new pole and monument signs
- Electrical work to existing and new signs
- LED scrolling text signs (require City Commission approval)
- Signs erected that are secured in or to the ground, including signs mounted on wooden posts
- Directional signs, awnings used as signage, and Drive-thru menu boards

Examples of Temporary Signs requiring a permit (Sec. 126.6):

- Open House Signs
- Inflatables/Wind Activated

Signs that do not require a permit:

- Replacement of existing plastic facing
- Temporary banner no larger than 60 sq. ft. (ONE BANNER PER BUSINESS ALLOWED) (Sec. 126.6)

Other items requiring a permit:

- Electrical (Running electrical lines overhead or to other locations)
- Plumbing (Relocating sinks, toilet, adding hair washing sinks, etc.)
- HVAC, ventilation for nail salons and other exhaust systems
- Re/Moving interior walls, replacing doors (including roll up doors) and replacing windows
- Gas (Adding or moving gas lines)

I, _____ owner of business _____ acknowledge the above City Codes apply to signage and alterations for the business located at _____. If any construction, remodeling, or signage is done without proper permitting, fines will be assessed.

Signature

Date



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CHANGE OF TENANCY APPLICATION

Power Company Duke Energy SECO

Permit # _____ Parcel # _____ COB Reg. # _____

Business Location: _____

Specific Type of Business: _____

List any modifications to be made to building/unit**

**any modifications will require a Certified Contractor to pull permits and a notarized letter of authorization from the property owner. Additional forms are required.

Property Owners Information	Tenant Information
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency, or inspector; and certifies that all the above information is accurate.	
Applicant signature _____ Date _____	

Permit Expiration	Permit Issued By
This permit expires six (6) months from the date it is issued unless otherwise noted below or governed by law. _____	Name: _____
	Date: _____

Please List Existing and Proposed Use for property
 Existing _____ Proposed _____

Building Official to determine Change of Use
 Change of Use: Yes _____ No _____



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**CHANGE OF OCCUPANCY
LETTER OF AUTHORIZATION**

Date: _____

Property Address: _____

To Whom It May Concern:

The new tenant _____ at the above address has permission to operate a _____ business and to make necessary tenant improvements in order to operate same business. Any and all improvements, alterations, etc. must comply with the terms and conditions within the tenant/owner lease agreement, Building, and Zoning Codes. All costs incurred including but not limited to, construction, permits, impact fees, etc. will be at the tenant's expense and paid for by the tenant.

Signature of Owner

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____.
By _____ who is personally known to me or who has produced
_____ as identification.

Notary Public

(seal)



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**CHANGE OF TENANCY
EXISTING FLOOR PLAN**

Business Name: _____

Business Address: _____

Large empty rectangular area for the floor plan drawing, bounded by a dashed line.



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**CHANGE OF OCCUPANCY
PROPOSED FLOOR PLAN**

Business Name: _____

Business Address: _____



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BUSINESS TAX APPLICATION

CHECK ONE OF THE FOLLOWING: _____ NEW BUSINESS _____ TRANSFER

BUSINESS NAME, ADDRESS, TELEPHONE & EMAIL

OWNER'S NAME, ADDRESS, TELEPHONE & EMAIL

MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS:

IF CORPORATION LIST MEMBERS OFFICERS _____

EMERGENCY NAME, ADDRESS & TELEPHONE

1.) _____

2.) _____

BUSINESS INFORMATION:

DATE BUSINESS STARTED AT THIS ADDRESS _____ FORM OF BUSINESS _____

IF RETAIL OR PROFESSIONAL SERVICES SPECIFY TYPE _____

SHOPPING CENTER NAME, IF APPLICABLE _____

GARBAGE SERVICE _____

PLEASE COMPLETE THE SECTIONS APPLICABLE TO YOUR BUSINESS:

GROSS SQUARE FOOTAGE _____ **NUMBER OF EMPLOYEES** _____

GAS PUMPS _____ UNDERGROUND TANKS _____

CHEMICALS/HAZARDOUS MATERIALS USED/SOLD (SPECIFY) _____

HAZARDOUS WASTE (SPECIFY) _____

WILL ANY USED ITEMS BE BOUGHT OR SOLD _____ YES _____ NO

RESTAURANTS: NUMBER OF SEATS _____ DRIVE IN WINDOW _____ YES _____ NO

BARBER OR BEAUTY SHOPS: NUMBER OF CHAIRS _____ HOTEL, MOTEL, ROOMING HOUSE # OF ROOMS _____

NUMBER OF VENDING MACHINES _____ DO YOU OWN OR LEASE VENDING MACHINES _____

INTERNET CAFÉ: NUMBER OF GAMING DEVICES _____ NUMBER OF GAMING TABLES _____

IF LEASE VENDING MACHINES, FROM WHO _____

NUMBER OF PARKING SPACES FOR YOUR BUSINESS _____

MACHINERY USED/NOISE LEVELS _____

ARE THERE ANY PROPOSED RENOVATION/ADDITIONS TO THE EXISTING STRUCTURES? ___ YES ___ NO

IF YES EXPLAIN _____

DO YOU PLAN TO PLACE A SIGN ON THE PROPERTY OR IS THERE AN EXISTING SIGN WHICH YOU PLAN TO MODIFY? _____ YES _____ NO IF YES, SPECIFY _____

ADDITIONAL REQUIREMENTS: (ATTACH COPIES OF ANY STATE OR COUNTY LICENSE HELD)

ELIGIBLE FOR EXEMPTION _____ YES _____ NO REASON _____

STATE CERTIFICATION # _____ EXPIRATION _____

STATE REGISTRATION # _____ EXPIRATION _____

STATE EXEMPTION CERTIFICATE # _____

HEALTH DEPARTMENT CERTIFICATE # _____

AS REQUIRED BY CITY OF BELLEVUE CODE (SEC. 78-123) AND FLORIDA § 205:

STATE OF FLORIDA SALES TAX # _____

FEDERAL TAX IDENTIFICATION # (FEIN) _____

PROOF OF FICTITIOUS NAME REGISTRATION FROM SUNBIZ.COM

THE UNDERSIGNED DOES HEREBY REQUEST THAT A BUSINESS TAX RECEIPT BE ISSUED ON THE BASIS OF THE ABOVE INFORMATION WITH THE UNDERSTANDING THAT ALL OF THE CITY OF BELLEVUE ORDINANCES SHALL BE COMPLIED WITH WHETHER SPECIFIED OR NOT. ALL INFORMATION SUPPLIED SHALL BECOME PUBLIC RECORD, UNLESS OTHERWISE RESTRICTED BY STATE OR FEDERAL LAW!

DRIVERS LICENSE NUMBER _____ **DATE OF BIRTH** _____

I SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE OF OWNER/APPLICANT: _____

DATE SIGNED: _____ **TITLE** _____

OFFICE USE ONLY

IS ZONING OF PROPERTY CORRECT ___ YES ___ NO

IS THE REQUESTED USE ALLOWED IN THE ZONING DISTRICT _____ YES ___ NO

PARKING REQUIRED? _____

PARKING AVAILABLE _____

IS A SITE PLAN REQUIRED? ___ YES ___ NO

IS BUILDING PERMIT REQUIRED _____ YES ___ NO

IS SIGN PERMIT REQUIRED ___ YES ___ NO



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REQUEST FOR CONNECTION AND IMPACT FEE QUOTE FOR WATER AND SEWER

Address: _____ Parcel #: _____

Developer / Business Name: _____

Phone #: _____ Email Address: _____

Residential

Total Sq Ft Under Roof: _____ Irrigation Meter?: _____

If Multifamily:

of units: _____ Sq. Ft of Each: _____ Total Sq Ft: _____

Commercial

of units: _____ Sq. Ft of Each: _____ Total Sq Ft: _____

Type of Business(es): _____

Complete applicable fields:

Beauty Shops: # of chairs _____ for each nail tech, styling, washing etc.

Medical: # of practitioners _____ # of employees _____

Assemblies: seating capacity: _____ food available? _____

Restaurants: seating capacity: _____ carry out: _____

Schools/Daycares: # of pupils _____ # of staff _____ food available? _____

Office / Warehouse: # of employees per 8 hour shift _____ # of restrooms _____

Meter size needed (if above standard): _____ Irrigation Meter needed? _____

NOTICE:

I realize that this is an approximate quote, and fees are subject to change at any time, and that the fees will be different if the business conducted at this location differs from what is listed above. Further, I am aware impact fee quotes are valid through the end of the calendar year due to CCI increases that take effect on January 1.

Signature of person making request

Printed name of person making request

FOR OFFICE USE ONLY

Water Connection Fee: _____

Date annexation forms signed: _____

Sewer Connection Fee: _____

Developer's Agreement completed: _____

Irrigation Meter: _____

Emergency Operations Fee: _____

Parks & Rec Impact _____

Boring Charge: _____

Water Impact: _____

Front Foot Fees: _____

Sewer Impact: _____

Fire Suppression: _____

Deposit: _____

Total: _____

Comment/Special Instructions: _____

Public Works Employee: _____ Date: _____