



# CITY OF BELLEVIEW

City with Small Town Charm

[www.bellevuefl.org](http://www.bellevuefl.org)

## Development Services

5525 SE 119<sup>th</sup> St.

Bellevue, FL 34420

Office: 352-245-7021

Email: DSStaff@bellevuefl.org

## 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 changes in use 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 owner's 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 BELLEVIEW			
<input type="checkbox"/>	Complete Change of Tenancy/Business Tax Application. Fee for Change of Tenancy permit: \$164.00	Expect 2-3 days for application review. Fees for water/sewer connection are calculated at this time.	
<input type="checkbox"/>	City Staff will notify you when the permit is ready to be picked up.	Pick up permit. - <b>Permits are valid for 60 days unless otherwise noted by the Building Dept.</b>	
<input type="checkbox"/>	See Utility Billing at City Hall 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"><li>• Building Exit Signs</li><li>• Emergency Lighting</li><li>• Current CERTIFIED Fire Extinguishers</li><li>• ADA compliant restrooms</li><li>• Electrical safety</li></ul> <b>NOTE:</b> 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 3:00 PM the business day prior.  Marion County Fire Prevention will also conduct their own inspection. Please call 352-291-8050 to schedule with them. Your first inspection is \$40.00 that will be invoiced and paid prior to the Building Department conducting their inspection.	
<input type="checkbox"/>	After all inspections have passed, return to the Building Dept. to pay for and pick up your Business Tax Receipt (fee varies; based on type of business and size of unit).	YOU ARE READY TO OPEN FOR BUSINESS!! Display Business Tax Receipt in public view.	
<input type="checkbox"/>	Business Taxes must be renewed annually. Renewal notices are mailed out in July/August.	Payment is due by September 30 <sup>th</sup> .	



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## CHANGE OF TENANCY APPLICATION

Permit #: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

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

Power Company: \_\_\_\_\_

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 Owner/Landlord's Information	Tenant's Information
Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
By signing below, the applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency, or Inspector; and certifies that all of the above information is accurate.	
Applicant Signature: _____ Date: _____	

Please list existing and proposed use for property:

Existing/Former: \_\_\_\_\_

Proposed: \_\_\_\_\_

Building Official to determine Change of Use: Yes \_\_\_\_\_ No \_\_\_\_\_



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## CHANGE OF OCCUPANCY LETTER OF AUTHORIZATION

(To be completed by Landlord)

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 by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

(seal)



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## 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 Development Services Director 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, backflow preventer, 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 regarding signage and alterations for the business located at \_\_\_\_\_. If any construction, remodeling, or signage is done without proper permitting, additional fines will be assessed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## CHANGE OF TENANCY EXISTING FLOOR PLAN

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_

(Large empty rectangular box for drawing the Existing Floor Plan.)



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## CHANGE OF TENANCY PROPOSED FLOOR PLAN

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_

(Large empty rectangular box for proposed floor plan drawing)



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**Public Works**  
5525 SE 119<sup>th</sup> St.  
Belleview, FL 34420  
Office: 352-245-7021  
Fax: 352-307-7708

## REQUEST FOR WATER/SEWER CONNECTION QUOTE

Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_ Other - \_\_\_\_\_ : \_\_\_\_\_

Sewer Lateral Insp Fee: \_\_\_\_\_ Other - \_\_\_\_\_ : \_\_\_\_\_

Irrigation Meter: \_\_\_\_\_ Other - \_\_\_\_\_ : \_\_\_\_\_

Water Dev Charge: \_\_\_\_\_ Boring Charge: \_\_\_\_\_

Sewer Dev Charge: \_\_\_\_\_

Deposit: \_\_\_\_\_

Total: \_\_\_\_\_

Comment/Special Instructions: \_\_\_\_\_

Public Works Employee: \_\_\_\_\_ Date: \_\_\_\_\_



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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

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### MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS:

IF CORPORATION LIST MEMBERS OFFICERS

EMERGENCY CONTACT NAME & TELEPHONE

1.) \_\_\_\_\_

2.) \_\_\_\_\_

### BUSINESS INFORMATION:

DATE BUSINESS STARTED AT THIS ADDRESS \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

IF RETAIL OR PROFESSIONAL SERVICES SPECIFY TYPE \_\_\_\_\_

SHOPPING CENTER NAME, IF APPLICABLE \_\_\_\_\_

GARBAGE SERVICE PROVIDER (REQUIRED IF INSIDE CITY LIMITS) \_\_\_\_\_

GROSS SQUARE FOOTAGE \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_

NUMBER OF PARKING SPACES FOR YOUR BUSINESS (REQUIRED) \_\_\_\_\_

### PLEASE COMPLETE THE SECTIONS APPLICABLE TO YOUR BUSINESS:

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 LEASING VENDING MACHINES, FROM WHO \_\_\_\_\_

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 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 OR CORPORATION REGISTRATION FROM SUNBIZ.ORG**

**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.**

**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 \_\_\_\_\_

# OF PARKING SPACES REQUIRED: \_\_\_\_\_ PARKING AVAILABLE: \_\_\_\_\_

IS A SITE PLAN REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_

IS BUILDING PERMIT REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_

IS SIGN PERMIT REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ REVIEWER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_