

**PERMIT APPLICATION # \_\_\_\_\_**

**CHANGE OF OCCUPANCY**

CITY OF DUNDAS  
BUILDING INSPECTIONS DEPARTMENT  
DUNDAS CITY HALL  
216 RAILWAY STREET NORTH, PO BOX 70, DUNDAS, MN 55019  
507-645-2852

**JOB SITE ADDRESS** \_\_\_\_\_

**LOT#** \_\_\_\_\_ **BLK#** \_\_\_\_\_ **PID #** \_\_\_\_\_

**OWNER (APPLICANT)** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

Street Address \_\_\_\_\_

**LESSEE** \_\_\_\_\_ **PHONE #s** \_\_\_\_\_

Mailing Address \_\_\_\_\_

**PREEXISTING OPERATION:** \_\_\_\_\_

**DATE OF NEW OCCUPANCY:** \_\_\_\_\_

**DAYS/HOURS OF OPERATION:** \_\_\_\_\_

**PROPOSED OPERATION OF BUILDING (DESCRIBE IN DETAIL):**

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

Upon issuance of this Change of Occupancy Permit, the applicant agrees to abide by all Zoning Regulations and State Building Codes and to use this structure for its permitted use only. This permit may be subject to architectural review and require other permits as determined by the Building Official.

\_\_\_\_\_  
Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permit shall be null and void if authorized work is not started within 180 days from approved date, or if work is suspended or abandoned for 180 days or more after work is started.**

-----**CITY USE ONLY**-----

1) **Zoning Administrator:** \_\_\_\_\_ Reviewed \_\_\_\_\_ Denied \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Comment:** \_\_\_\_\_

2) **Building Official or Designee:** \_\_\_\_\_ Reviewed \_\_\_\_\_ Denied \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Subject to existing regulations and the following conditions** \_\_\_\_\_

PERMIT FEES

Building Official Fee \$ 50.00/hr      Inspection Fee \$ 50.00/hr      **TOTAL FEE: \$** \_\_\_\_\_  
Hours: \_\_\_\_\_                      Hours: \_\_\_\_\_