



## Community Development Department Planning Division

4200 Indian Bayou Trail, Destin, FL 32541  
Phone: (850) 654-1119 Fax: (850) 460-2171

# CHANGE OF USE APPLICATION

The City recognizes the changing nature of business in its jurisdiction. To that end, in order to efficiently manage an orderly transition of one use to another, the City has implemented a Change of Use process. A Change of Use Application is required under the following instances:

1. **A property or structure (including portions of a property or structure) is, or is proposed to be, a different land use than the approved use or existing use.**
  - a. Examples may include, but are not limited to, a new retail use where a warehouse use was previously approved or permitted, or an amenity proposed for a residential use has been changed to a commercial use.
2. **Properties and/or structures where the intensity of a use is increased**
  - a. Examples may include, but are not limited to, a retail center allowing a mobile vendor to operate.
  - b. Additional impacts of increased intensity include but are not limited to:
    - i. additional required parking
    - ii. structure or site modifications
    - iii. other impacts affecting the public welfare, as determined by the Community Development Director or designee
3. **The addition of a use to a site with a number of different uses current in operation**
  - a. Examples may include, but are not limited to, a commercial building with multiple suites that may include commercial, retail, or restaurant uses.
4. **Establishment of new or expanded home occupations.**
  - a. Examples may include, but are not limited to, home offices for businesses or realtors, or computer software consultants that provide technical assistance to customers.
  - b. **Off-site businesses.**
    - i. Examples may include, but are not limited to, appliance repair or construction services where there may be an established home office, but business or construction occurs off site and not on the premises.

**REVIEW TIMES MAY VARY DEPENDING ON APPLICATION TYPE, BUT GENERALLY REQUIRE 7-120 BUSINESS DAYS.**

## ADDITIONAL APPLICATIONS MAY BE REQUIRED AS A RESULT OF A CHANGE OF USE

Such applications may include, but not be limited to the following:

- Development Order
- Development Order Exemption
- Major or Minor Amendment to a Development Order
- Conditional Use
- Building Permit
- Right-of-Way Permit



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**SUBMITTAL CHECKLIST**

REQUIRED DOCUMENTS	APPLICANT INITIALS	STAFF VERIFICATION
Completed Application		
Proof of Ownership		
Agent Affidavit		
All Shared Parking Agreements for the subject property, submitted by the owner (if applicable)		
Floor Plan (if applicable)		
Site Plan, drawn to scale, to include at a minimum:		
<ul style="list-style-type: none"> <li>• List of existing uses and locations on the site</li> </ul>		
<ul style="list-style-type: none"> <li>• Parking Space layout and dimensions</li> </ul>		
<ul style="list-style-type: none"> <li>• Property Lines and Setbacks (if necessary)</li> </ul>		
Fee: Fees adopted per Resolution 19-11. <a href="#">FEE SCHEDULE</a>		
Zoning District Classification: _____		
<b>ADDITIONAL DOCUMENTATION MAY BE REQUESTED</b>		







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**CHANGE OF USE QUESTIONNAIRE**

Please respond to the following questions as they are applicable to your change of use.

- If you are changing the land use of a property or structure (including portions of a property or structure) to a different land use than the approved or existing/prior use, please answer the questions in **Section A**.
- If you are adding businesses (uses) on the parcel, expanding a business or portion of a business, adding or removing structures, or renovating any structures, please respond to the questions in **Section B**.
- If you are conducting business from home or off-site, please respond to the questions in **Section C**.

**SECTION A. – CHANGE OF USE**

1. **What business(es) are proposed on the parcel(s)?**

*(If your property contains multiple parcels, please list the uses on each parcel.)*

<i>Parcel ID(s)</i>	<b>Zoning District Classification</b>	<b>Current Use(s)</b>	<b>Changing Use (Y/N)</b>	<b>Proposed Use (If Applicable)</b>

2. **Do you have a Business Tax Receipt for each use on the parcel(s)?**

- Yes
- No

3. **Do you have any active shared parking agreements?**

- Yes (If yes, please attach)
- No

**SECTION B. – MODIFYING USE(S)**

1. Will you be making modifications (includes temporary, seasonal and/or permanent) to the use(s) on site? (i.e. modifying interior or exterior, adding structures, renovating)

Parcel ID	Zoning District Classification	Modification Type

2. Will there be any mobile vendors on site? \_\_\_\_\_

- Yes
- No

3. Do all mobile vendors have Mobile Vending Permit for that location issued by the City?

- Yes
- No

*Mobile vendors will require a separate permit application.*

**SECTION C. – HOME OCCUPATION**

1. What is the Zoning District Classification of your home? \_\_\_\_\_

2. Are there any employees other than those who are residents of the home?

- YES
- NO

3. Will anyone be coming to your home to conduct business?

- YES
- NO

4. What is the total area (square feet) of the home? \_\_\_\_\_ sq. ft.

5. What is the total area to be used for the requested home occupation? \_\_\_\_\_ sq. ft.

6. Is there any outside storage or signage on the property?

YES

NO

**7. Will there be any merchandise or goods of any kind sold on the property?**

YES

NO

**8. Will your home be used primarily for office or administrative purposes?**

YES

NO

**9. Are you conducting business at site other than the primary location of the business?**

YES

NO

If yes, please list the address of the business's primary location: \_\_\_\_\_

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**AGENT AFFIDAVIT  
SPECIAL POWER OF ATTORNEY**

KNOWN ALL MEN BY THESE PRESENTS, THAT I, \_\_\_\_\_ am presently the owner and/or leaseholder at \_\_\_\_\_, and desiring to execute a Special Power of Attorney, have made, constituted and appointed, and by these presents do make, constitute and appoint \_\_\_\_\_ whose address is \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, my Attorney-in-Fact to act as follows, GIVING AND GRANTING unto said attorney full power to act as my agent in any and all matters pertaining to: \_\_\_\_\_.

FURTHER, I do authorize the aforesaid Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by the said attorney shall be binding on myself and my heirs, legal and personal representative, and assigns.

PROVIDED; however, that any and all transactions conducted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by the said attorney for the purpose of caring out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact."

OWNER

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_.  
(name of person acknowledging)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary or Seal

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_