



CITY OF BUENA VISTA
 Department of Planning & Economic Development
 2039 Sycamore Avenue
 Buena Vista VA 24416

Alan McMahan, CBO, MPA
 Building Official
 (540) 261-8635
 inspector@bvcity.org

CHANGE OF USE / CERTIFICATE OF OCCUPANCY RE-ISSUANCE APPLICATION

Date of Application: <input type="text"/>		CO Re-Issuance <input type="checkbox"/>		Change of Use <input type="checkbox"/>	
Permit Number: <input type="text"/>		Street Address: <input type="text"/>			
Name of person requesting CO and/or Change of Use: <input type="text"/>					
Owner of Record: <input type="text"/>					
Owner's Address: <input type="text"/>		City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>	
Phone Number: <input type="text"/>		Email: <input type="text"/>		Fax: <input type="text"/>	
SQ. FTG. OF FINISHED: <input type="text"/> SQ. FTG. OF UNFINISHED: <input type="text"/>		WATER SOURCE		METHOD OF SEWAGE DISPOSAL	
		<input type="checkbox"/> City Water <input type="checkbox"/> Private Company <input type="checkbox"/> Private Well		<input type="checkbox"/> City Sewer <input type="checkbox"/> Private Company <input type="checkbox"/> Septic Tank	
WILL ANY FIRE PROTECTION, PLUMBING, MECHANICAL, OR ELECTRICAL WORK BE DONE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY BELOW.					
WILL ANY ALTERATIONS BY MADE TO THE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY BELOW.					
Description of proposed work: <input type="text"/>					
A permit is required for any alteration to the building or its fire protection, plumbing, mechanical, or electrical systems. None of this work is to be started without fire obtaining a permit for the work. It is unlawful to change to occupancy of any building or structure prior to obtaining the required Certificate of Occupancy.					
I hereby certify that I am the owner of this property or that I have authority of the owner to make application, that the information given is correct and that the use shall conform to the City Health, Building and Zoning ordinances which are imposed upon the property.					
FOR OFFICE USE ONLY:					
Construction Type: <input type="text"/>		Use Group: <input type="text"/>		Occupancy Load: <input type="text"/>	
				Sprinkler: <input type="text"/>	
Comments: <input type="text"/>					
Building Official's Signature				Date:	