



City of Henderson Development Services Center

240 S. Water Street, P.O. Box 95050, Henderson, NV
89009-5050

Internal Use Only

Permit Number

APPLICATION FOR CHANGE OF OCCUPANCY

Section 1

Building Information

Assessor's Parcel Number: _____

Building Address: _____

Unit/ Suite #: _____

Tenant Name: _____

Contact Person: _____

Company: _____

Phone: _____

Fax: _____

Section 2

Applicant Information

Land Owner's Name: _____

Phone: _____

Fax: _____

Mailing Address _____

City: _____

State: _____

Zip: _____

Check One:

Owner

Tenant

Contractor

Section 3

Occupancy Information

Present Occupancy: _____

Proposed New Occupancy: _____

Scope (Describe the nature of the change of business):

Section 4

By signing I certify that:

- ♦ I am the permit applicant or the permit applicant's authorized agent.
- ♦ I have read this application and state that all information is correct.
- ♦ I agree to comply with all City of Henderson Ordinances and state laws related to building construction and hereby authorize representatives of the city to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant _____

Print Name _____

Date _____