## Commercial Change of Property/Business Owner City of St. Robert



Address of Business:	Date of Change:	
Change of: □ B	usiness Owner    Property Owner	
Current Owner Informati	on:	
Name:		
Mailing Address:		
E-mail Address:		
Phone Number:		
New Owner Information:		
Name:		
Mailing Address:		
E-mail Address:		
Phone Number:		
Current Business Name:	Current Use :	
New Business Name (if different):		Proposed Use:
Last Annual Fire Inspection Date: Date of Last Approved Occupancy:		
representative or agent, understand that a commercial occupancy inspection is not required provided the use or business is not changing. In the event the use or business does change, an Initial & Final Occupancy Inspection Request Form must be completed by the applicant, approved by zoning, and have passing inspections through Building & Fire Department prior to obtaining a business license or occupying the area named. If the named property does not have a current Annual Fire Inspection, but the use or business is remaining the same, an Annual Fire Inspection must be completed.  Leasee/Tenant Signature Owner Signature:		
■Property Owner Signature:		Date:
FOR OFFICIAL USE ONLY  □ Ok for Utility Transfer □ Ok for Business License Date Received: ID #		
Zoning	Sign Permit Required: Yes No N/A	
	Zoning District:	
Approving Zoning Signature:		Date Approved:
	Fire Inspection Date:	
Fire Department	Max. Occupancy Load:	
Approving Fire Dept Signature:		Date Approved:
Building Department	Signature:	Inspection Required: Yes No
Hility Billing Comptant		Data Complete:
Utility Billing Signature: City Collector Signature:		Date Complete:  Date Complete:
Returned to Bldg Dept:		Date Complete:  Date Complete:
i neumed to bidy Debt:		Date Complete: