



**Change of Occupancy Group Application
City of Lakeland**

The Design Professionals are required to complete this checklist and sign and seal below.

Certificate of Occupancy Required? Yes No

Project Description:

Project Address: _____

Zip Code: _____

Current Occupancy Group:

Proposed Occupancy Group and Sub Occupancy Group and/or Special Use):

Property Owner/Authorized Agent	
Phone	Email

DESIGN PROFESSIONAL INFORMATION

Lead Design Firm	License No
Phone	Email

SEAL



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ADDITIONAL PROFESSIONAL INFORMATION

Architect		License No
Phone	Email	
Civil Engineer		License No
Phone	Email	
Structural Engineer:		License No
Phone	Email	
Electrical Engineer or Licensed Contractor		License No
Phone	Email	
Mechanical Engineer or Licensed Contractor		License No
Phone	Email	
Plumbing Engineer or Licensed Contractor		License No
Phone	Email	
Fire Alarm System:		License No
Phone	Email	
Sprinkler System – Standpipe		License No
Phone	Email	
Other- Please specify		License No
Phone	Email	



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2017 6TH EDITION FLORIDA BUILDING CODES INFORMATION:

EXISTING BUILDING CODE: (Ch. 5)

<input type="checkbox"/> Repairs	<input type="checkbox"/> Relocated Building	<input type="checkbox"/> Retrofitting
<input type="checkbox"/> Alteration Level 1	<input type="checkbox"/> Alteration Level 2	<input type="checkbox"/> Alteration Level 3
<input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> Addition	<input type="checkbox"/> Historic

FLORIDA BUILDING CODE DATA

Construction Type (Ch. 6)	<input type="checkbox"/> I-A	<input type="checkbox"/> I-B	<input type="checkbox"/> II-A	<input type="checkbox"/> II-B	<input type="checkbox"/> III-A	<input type="checkbox"/> III-B	<input type="checkbox"/> IV	<input type="checkbox"/> V-A	<input type="checkbox"/> V-B
Existing Sprinklers	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	Type	<input type="checkbox"/> NFPA 13	<input type="checkbox"/> NFPA13R	<input type="checkbox"/> NFPA13D		
Existing Standpipes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	Class	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> Wet	<input type="checkbox"/> Dry
Flood Zone Area	<input type="checkbox"/> No		<input type="checkbox"/> Yes	Type	<input type="checkbox"/> A	<input type="checkbox"/> AE	<input type="checkbox"/> AH	<input type="checkbox"/> X5	

BFE: _____

GROSS BUILDING AREA:

	GROSS FLOOR AREA (sqft)	RENOVATED AREA (sqft)	ADDITIONS (sqft)
1st Floor:	_____	_____	_____
2nd Floor:	_____	_____	_____
3rd Floor:	_____	_____	_____
4th Floor:	_____	_____	_____
5th Floor:	_____	_____	_____
6th Floor:	_____	_____	_____
Mezzanine:	_____	_____	_____
Basement:	_____	_____	_____
TOTALS:	_____	_____	_____

Building Constructed: (date) _____ **Code at Time of Construction** _____

Existing Land Use-Zoning Classification: _____

Proposed Land Use-Zoning Classification: _____

	Florida Building Code (Ch.3)	Florida Fire Prevention Code (Ch. 3)
Current Occupancy Group/Classification		
Proposed Occupancy Group/Classification		
Proposed Occupancy Group Sub-Classification		
Proposed Occupancy Load		

Sprinkler Modification	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	Type	<input type="checkbox"/> NFPA 13	<input type="checkbox"/> NFPA13R	<input type="checkbox"/> NFPA13D		
Standpipe Modification	<input type="checkbox"/> No		<input type="checkbox"/> Yes	Class	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> Wet	<input type="checkbox"/> Dry



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Existing Building Height: (feet) _____

Building Height Modifications	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	Feet?	
Building Exterior Modifications	<input type="checkbox"/> No		<input type="checkbox"/> Partial		<input type="checkbox"/> Yes
Mixed Occupancy Building	<input type="checkbox"/> No			<input type="checkbox"/> Yes	

Indicate Separation Requirements Below:

Special Use and Occupancy Classification: _____

Compliance with building elements and materials	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	
Compliance with Fire Protection	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	
Compliance with Accessibility Code	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	
Compliance with Structural Code sections	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	
Compliance with Electrical Code	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	
Compliance with Mechanical Code	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	
Compliance with Plumbing Code	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	
Current means of egress hazard category	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Proposed means of egress hazard category	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Current heights and areas hazard category	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Proposed heights and areas hazard category	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Current exposure of exterior walls hazard category	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Proposed exposure of exterior walls hazard category	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Compliant enclosure of vertical shafts	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Compliance with Energy Conservation Code	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	<input type="checkbox"/> Historic
Compliance with all accessibility requirements (To include, but is not limited to, the following: signage, parking spaces, required number of accessible parking spaces, accessible route from handicap parking space to the accessible entrance, slope, ramp and handrail requirements, and all other components of the accessible route as per the 2017 6 th Edition Florida Building and Accessibility Codes)	<input type="checkbox"/> No	<input type="checkbox"/> Partial	<input type="checkbox"/> Yes	



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<u>LIFE SAFETY SYSTEM COMPLIANCE</u>	No	Yes	Compliant	Non-Compliant	N/A
Emergency Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detection Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire and/or smoke rated wall locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior wall opening area with respect to distance to assumed property lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupant loads for each area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit access travel distances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common path of travel distances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead end lengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear exit widths for each exit door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximum calculated occupant load capacity for each exit door based on egress width	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actual occupant load for each exit door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire rated floor/ceiling and/or roof structure is provided for purposes of occupancy separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delayed egress locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors with electromagnetic egress locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors equipped with hold-open devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Square footage of each fire area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>STRUCTURAL DESIGN LOADS COMPLIANCE</u>	No	Yes	Compliant	Non-Compliant	N/A
139 MPH Wind Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live loads:					
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mezzanine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure Category	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Exposure Category is NA, please explain: