



# CITY OF CRYSTAL RIVER CHANGE OF USE APPLICATION & CHECKLIST

123 Northwest Highway 19  
Crystal River, FL 34428  
352-795-4216 Ext. 316  
development@crystalriverfl.org  
[www.crystalriverfl.org](http://www.crystalriverfl.org)

When an existing use or occupancy of land or a building is replaced by another use or occupancy, a *Change of Use* is required. This *Change of Use* process ensures that the new proposed use meets the requirements of the City of Crystal River Land Development Code. Each property in the City is assigned a zoning district that allows various uses either by right or with supplemental requirements. To ensure a change of use is permitted in the zoning, please reference the [City's Zoning Map \(12/26/23\)](#) to find your zoning district and then use [Section 2.03.02 of the City's Land Development Code](#) to determine if your proposed use is permitted or supplemental based on your zoning district. Examples of possible required changes for purposes of the Land Development Code may include additional vehicle or bicycle parking and landscaping.

With a *Change of Use*, a *Change of Occupancy* is processed simultaneously to ensure that the change in the primary purpose of a structure meets the requirements of the [Florida Building Code](#). Occupancy Classifications and Uses, related to the Building Code, represent varying levels of hazard and risk to building occupants which require a permit for Code review. Examples of possible required changes to the building may include fire separation between uses, accessibility requirements, additional permits to change plumbing and/or mechanical, or system development changes related to the water meter size or changes to the traffic impact.

The *Change of Use/Change of Occupancy* Building Permit is required even if no alterations to the building or the site are required.

With your application, please submit the following information:

- Complete Application
- Floor Plan of Structure with Dimensions
- Site Plan
  - Square Footage of Structure
  - Number of Parking Spaces and Location
  - Existing Tree(s) and Landscaping
  - Please reference the Section for additional requirements if you are proposing any of the uses below:

Adult Uses – <a href="#">5.05.02</a>	Day Care – <a href="#">5.05.07</a>	Marinas – <a href="#">5.05.09</a>	Funeral Home – <a href="#">5.05.14</a>
Alcoholic Beverages – <a href="#">5.05.03</a>		Religious uses – <a href="#">5.05.10</a>	Emergency Services – <a href="#">5.05.15</a>
Bed and Breakfast – <a href="#">5.05.04</a>		Commercial Centers – <a href="#">5.05.11</a>	Golf Course – <a href="#">5.05.16</a>
Car Wash – <a href="#">5.05.05</a>	Gas Station – <a href="#">5.05.08</a>	Vehicle Sales – <a href="#">5.05.12</a>	Breweries/winery – <a href="#">5.05.17</a>
Clubs, lodges, and centers – <a href="#">5.05.06</a>		Resort Housing – <a href="#">5.05.13</a>	Watercraft rental – <a href="#">5.05.19</a>

**Section One: Business Information**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Is this a Multi-Tenant building? Yes  No  If so, Property Owner Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

**Business Tax Receipt Applied for?**  Yes  No

If not, please contact Morgan Morris, Business Tax Receipt Specialist at [mmorris@crystalriverfl.org](mailto:mmorris@crystalriverfl.org) or call 352-795-4216, ext. 316.

**Section Two: Proposed Business Use**

Proposed Use(s): \_\_\_\_\_

Total Square Footage: \_\_\_\_\_  
(Check applicable use below)

Restaurant # of Seats: \_\_\_\_\_  
Number of Parking Spaces: \_\_\_\_\_

- Hospital, Nursing Home, Geriatric Center: # of Beds: \_\_\_\_\_
- Laundry & Coin Laundry: # of machines \_\_\_\_\_ Car Wash: # of Bays \_\_\_\_\_
- Transient units, such as hotel & motel rooms without kitchen facilities: # Rooms \_\_\_\_\_
- Transient units, such as hotel & motel rooms with kitchen facilities: # Rooms \_\_\_\_\_

Previous/Current Use: \_\_\_\_\_

Are other Building Permits Needed with this Change of Use: \_\_\_\_\_

**Section Three: Applicant Information**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_ do hereby certify that I am the  
\_\_\_\_ Applicant \_\_\_\_ Applicant's Agent. The information contained in this document is accurate and  
complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name