



USE REQUEST FORM

DATE: _____

REQUESTOR NAME: _____

REQUESTOR MAILING ADDRESS: _____

FAX: _____

TELEPHONE NO: _____

ADDRESS OF SITE: _____

FOLIO: _____

CURRENT USE: _____

PROPOSED USE: _____

FOR OFFICE USE ONLY

CURRENT ZONING _____

IS THE USE PERMITTED? YES NO

STAFF SIGNATURE _____

Please mail or fax document to:

Town of Cutler Bay
Attention: Community Development Department
10720 Caribbean Boulevard
Suite 105
Cutler Bay, Florida
33189

Fax: 305-234-4251

