



CERTIFICATE OF USE

Instructions: Please print or type to allow for a more accurate processing of your application.

APPLICATION

Name of Business: _____ Commence Date: _____

Business Address: _____ Business Telephone: _____

_____ Business Fax: _____

Prior Tenant: _____

Type of Business: (Type of merchandise sold, services provided, etc.) _____

Are you sharing space with another business? Yes No
(If yes, attach copy of current certificate of use.)

Folio Number _____ Square Footage _____

Legal Description: Lot _____, Block _____, Section _____

Subdivision _____

Name of Business Owner	Social Security Number	Florida Driver's License Number
Business Owner's Mailing Address		Business Owner's Home Telephone (for emergencies)

AFFIDAVIT

State of _____)
)ss.
County of _____)

_____ Being first duly sworn, deposes and says that: He/she is the (Owner, Partner, Officer, Representative or Agent) _____ of (name of Applicant) _____, and that matters and facts stated in this Application are true to his/her knowledge, and that he/she as (title) _____ For (name of applicant) _____ is authorized to execute this application for the purposes of obtaining a Certificate of Use from the Town of Cutler Bay.

Signature

Sworn to and subscribed before me this _____
day of _____, 20____.

Print Name and Title

Notary Public, State of Florida

Telephone: _____

My Commission Expires:

NOTICE: In addition to the requirements of this permit, there may be additional deed restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as Water Management Districts, state agencies or federal agencies.

Classification: _____

Existing Zoning: _____ Required Zoning: _____

PARKING REQUIREMENTS

Complies with parking requirements of zoning code? Yes No

Number of parking spaces required: _____ Number of parking spaces provided _____

CONCURRENCY

Complies with concurrency? Yes No

Restrictions: _____

Prior Use: _____ Proposed Use: _____

FINAL INSPECTIONS

TRADE	APPROVED (✓)	DATE	SIGNATURE
ZONING			
ELECTRICAL			
MECHANICAL			
PLUMBING			
FIRE			
BUILDING			
DERM			

CERTIFICATE APPROVAL / REJECTION

Application reviewed by: _____ Date: _____
Building Official

_____ Date: _____
Planning Department

CERTIFICATE APPROVED? YES NO FEE: \$ _____

CERTIFICATE NUMBER: _____

If not approved, please detail the reason for rejection and what corrective action, if any, may be taken:

