



**CERTIFICATE OF USE AND OCCUPANCY**  
**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:

**FOR OFFICE USE ONLY****CERTIFICATE OF USE AND OCCUPANCY**

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 DepartmentCERTIFICATE APPROVED? YES  NO  FEE: \$ \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_