



CITY OF CORAL GABLES

CERTIFICATE OF USE APPLICATION

(PLEASE PRINT)

REMIT TO: DEVELOPMENT SERVICES DEPARTMENT
PLANNING AND ZONING DIVISION

CERTIFICATE OF USE
P.O. BOX 141549
CORAL GABLES, FL 33114-1549

FOR INFORMATION PLEASE CALL (305) 460-5236

THERE IS A ONE HUNDRED FOURTEEN DOLLAR AND NINETEEN CENT (\$114.19) FEE FOR THE PROCESSING OF THE APPLICATION FOR A CERTIFICATE OF USE. (REMIT CHECK PAYABLE TO "CITY OF CORAL GABLES")

NAME OF BUSINESS: _____

NATURE OF BUSINESS: (GIVE BRIEF DESCRIPTION OF TYPE OF BUSINESS BEING CONDUCTED OR PROPOSED; TYPE OF MERCHANDISE TO BE CARRIED OR NATURE OF SERVICES TO BE RENDERED).

PROPOSED LOCATION: _____

SUITE NO.: _____ ZIP CODE: _____

PLEASE CHECK BOX IF MAILING ADDRESS DIFFERS FROM ABOVE LOCATION.

PRINT MAILING ADDRESS BELOW:

SQUARE FOOTAGE OF SUITE/SPACE: _____

PRIOR TENANT OF SUITE/SPACE: _____

CONTACT PERSON: _____ PHONE NO.: _____

I SWEAR THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT

X _____

DATE

APPLICANT SIGNATURE

TO BE COMPLETED BY ZONING DIVISION ONLY

LEGAL DESCRIPTION:

FOLIO NUMBER(S): _____

LOT(S): _____ BLOCK(S): _____ SECTION: _____

CLASSIFICATION: _____

EXISTING ZONING: _____ REQUIRED ZONING: _____

COMPLIES WITH PARKING REQUIREMENTS OF THE "ZONING CODE": YES NO

NUMBER OF PARKING SPACES REQUIRED: _____

NUMBER OF PARKING SPACES PROVIDED: _____

COMPLIES WITH CONCURRENCY: YES NO

RESTRICTIONS: _____

CHECKED BY: _____ DATE: _____

APPROVED FOR CERTIFICATE: _____

DENIED/REJECTED FOR CERTIFICATE: _____

PRIOR USE: _____

PROPOSED USE: _____

D.E.R.M. USE ONLY: