



TOWN OF CUTLER BAY
Department of Community Development
Planning and Zoning
(305) 234-4193

ZONING VERIFICATION LETTER REQUEST FORM

Date: _____

Requestor Name: _____

Requestor Mailing Address: _____

Requestor E-mail Address: _____

Requestor Telephone Number: _____

Property Information:

Address: _____

Folio No.: _____

Additional information: _____

Signature: _____

If this letter is being requested to open a new business, please also complete the attached "Municipal Application for Certificate of Use/Occupational License" for review by the Miami-Dade Department of Regulatory and Economic Resources.

The fee for a Zoning Verification Letter is \$106.88. Form may be submitted by mail, fax, or email; however, payment is required prior to processing.

Town of Cutler Bay

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

Fax: 305-234-4251

Email: planninginfo@cutlerbay-fl.gov

Please mail check or money order, payable to the Town of Cutler Bay, to the address above.

MUNICIPAL APPLICATION FOR CERTIFICATE OF USE/OCCUPATIONAL LICENSE

**Section 1 & 2 must be completed prior to submittal for review accompanied with the municipal application along with the payment of the initial review fee. Submittal of application may result in further reviews and additional fees incurred.*

DATE

SECTION 1 – BUSINESS INFORMATION (to be completed by Applicant)

SITE/BUSINESS ADDRESS	UNIT/SUITE#	PROPERTY TAX FOLIO NUMBER	
BUSINESS OWNER NAME	BUSINESS NAME OR DBA		
MAILING ADDRESS	CITY	STATE	ZIP
CORPORATE OFFICER/PARTNER/AUTHORIZED REPRESENTATIVE (NAME & TITLE)	TELEPHONE NUMBER	E-MAIL	
SQUARE FOOTAGE OF UNIT(S):	PROPOSED USE/TYPE OF BUSINESS		
<i>Please note that a lease agreement may be requested to verify square footage.)</i>	<i>Please note that some business types may require a DERM Operating Permit. To determine if your business requires an operating permit(s), please see page 2 of this application. this application</i>		

Signature of applicant confirms the above information is true and correct. I understand the conditions under which my Certificate of Use (CU) is being approved and accept that no changes or refunds can be made once issued.

PRINT NAME	SIGNATURE
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SECTION 2 – MUNICIPAL INFORMATION (to be completed by Municipal Official or Staff)

MUNICIPAL CERTIFICATE OF USE APPLICATION NUMBER Preliminary approval issued on Approved Use Request Form, no Application Number issued.	PREVIOUS USE/TYPE OF BUSINESS AT THIS LOCATION	DATE OF LAST APPROVAL
Was a building permit required to establish/expand the current proposed use? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, provide the following:		
MUNICIPAL BUILDING PERMIT NUMBER	MIAMI-DADE COUNTY MUNICIPAL BUILDING APPROVAL NUMBER	
MUNICIPAL OFFICIAL PRINT NAME	TITLE	
SIGNATURE	TELEPHONE NUMBER Town of Cutler Bay Community Development 305-234-4262	

Please note that if your business type is not listed below it may not exempt you from the requirement of obtaining an operating permit. To obtain a copy of the specific operating permit application, please visit our website at <http://www.miamidade.gov/permits/> or to verify if you require an operating permit contact us at (786) 315-2800.

TYPE OF BUSINESS / SPECIFIC USE	REQUIRED OPERATING PERMIT(s)
Agricultural Packing Houses	AW
Air Conditioning Repair	AP (if coating or painting) and IW5
Aircraft Dismantling, Maintenance, Repair	AP and IW or IW5 or IWP
Animal Grooming/Kennels	IW5
Animal Hospital/Clinic	IW5
Asphalt Plants	AP and IW or IW5
Automotive Repair	IW5
Boat Manufacturing	AP and IW5
Boat Repair, Maintenance	AP and IW5 and MOP
Body Shops with Painting	AP and IW5
Carpentry Shop	AP and IW5
Chemical Manufacturing	AP and IW or IW5 or IWP
Chemical or Medical laboratory	AP and IW5
Concrete Batch Plants	AP and IW5
Crematories (Human or Animal)	AP
Doctors and Dentist with X-ray Developing	IW5 and One-Time Compliance Report for Dental Dischargers (40 CFR 441.50)
Dry Cleaners	AP (if using perchloroethylene “PERC”) and IW5
Food Processing Facilities	AP and GDO or IWP
Funeral Homes with Embalming	AP (if cremations conducted on-site) and IW5
General – businesses that use, handle, store or generate hazardous materials or hazardous waste	IW5
General – businesses inside wellfield protection areas and served by septic tank systems	IW6
General – businesses requiring handling, purchase or sale refrigerants containing ozone-depleting compounds	APCF
General – businesses that use a potable water supply well	PWO
General Construction Contractor	IW5
Industrial Facilities	AP and IW or IW5 or IWP
Industrial/Commercial Laundry	IW or IW5 or IWP
Junkyards	AP and IW5
Machine Shop	AP and IW5
Marinas	AP and MOP
Metal Finisher	AP and IWP
Pharmaceutical Manufacturing	AP and IWP
Photographic Film Processing	IW5
Plastics Manufacturing	AP and IW or IW5 or IWP
Powder Coating	AP and IW5 or IWP
Precious Metals Handling	AP and IW5
Print Shop	AP and IW5
Resource Recovery/Scrap Metal Facilities	AP and SW
Restaurants/Food Service Establishments	GDO
Rock Mining Operations	AP (if crushing activities on-site) and IW5
Silk Screening	AP and IW5
Stone Cutting	IW5
Tire Sales and Related Services	IW5
Transmission Repair Shop	IW5
Transporters of Liquid Wastes and Hazardous Materials	LW