



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

CERTIFICATE OF USE APPLICATION

Application Date: _____

Business Information:

Business Name: _____

Business Address: _____

Business Opening Date: _____

Business Telephone Number: _____

Prior Business Tenant: _____

Type of Business Proposed: _____
(types of merchandise sold, services provided, please provide as much detail as possible)

Square Footage of Business/Tenant Space: _____

Does this business share space with another business: Yes No
(If "yes," please attach the current Certificate of Use for the business/location.)

Property Information:

Primary Address: _____

Folio No.: _____

Legal Description: Lot _____, Block _____, Section _____

Subdivision: _____

Business Owner Information:

Applicant Name: _____

Applicant Address: _____

Applicant Email Address: _____

Applicant Telephone Number: _____

Applicant Driver's License/State Identification Card Number: _____



Affidavit:

State of _____

County of _____

_____ being first duly sworn, deposes and says that: He/She is the

Owner Partner Representative Officer Agent of _____

and that matters and facts stated in this Certificate of Use Application are true and correct to the best of their knowledge, and that they, in the capacity indicated above, are authorized to execute this application for the purpose of obtaining a Certificate of Use from the Town of Cutler Bay.

 Affiant Signature

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

 Print Name and Title

 Notary Public, State of Florida

My Commission Expires: _____

Telephone Number: _____

Office Use Only

Use Classification: _____

Existing Zoning: _____ Use Permitted by Zoning: Yes No

Number of Parking Spaces Required: _____ Number of Parking Spaces Provided: _____

Application complies with Parking Requirements of Land Development Regulations: Yes No

Complies with Concurrency? Yes No

Existing/Current Use: _____ Proposed Use: _____

Miami-Dade County Approval Business License placard (DERM): Yes No

Inspections (*not all may be required*):

| TRADE | APPROVED | DATE | SIGNATURE |
|-------------------|----------|------|-----------|
| Zoning | | | |
| Electrical | | | |
| Mechanical | | | |
| Plumbing | | | |
| Fire Concurrency | | | |
| Building Official | | | |

| | |
|--|---------------|
| Certificate: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| _____ Community Development Director | _____ Date |
| _____ Certificate Number | |