



Environmental Protection and Growth Management Department

PLANNING AND DEVELOPMENT MANAGEMENT DIVISION

1 N. University Drive, Box 102 • Plantation, Florida 33324 • 954-357-9785/9786 Fax 954-357-6521 • Broward.org/Planning/Zoning

Application for Certificate of Use - Commercial

| | | | | | | |
|----------------------------------------------------------------------------------------------------------------|--|--------------------------------|-----------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Business Owner Information | | | | | | |
| Business Owner/Corporation/Partnership | | | | Business Name | | |
| Address | | Building | Bay/Suite | City | State FL | Zip |
| Business Phone | | Other Phone | | FAX | Email | |
| Location Information | | | | | | |
| Zoning District | | Original Permit No. (if known) | | Folio No. | | Property Owner Name (if different from Business Owner) |
| Business Information | | | Answer | | <p>I certify that I have read the requirements and information I have provided is accurate and true. I am authorized by the property owner to make this application.</p> <p>_____</p> <p>Business Owner's Signature</p> <p>_____</p> <p>Date</p> <p>NOTARY PUBLIC STATE OF FLORIDA, COUNTY OF BROWARD</p> <p>The foregoing instrument was acknowledged before me this _____ day of _____, 20____</p> <p>By _____</p> <p>(NOTARY SEAL)</p> <p>_____</p> <p>Signature of Notary Public – State of Florida</p> <p>_____</p> <p>Name of Notary Typed, Printed or Stamped</p> <p>Personally Known <input type="checkbox"/> or Produced Identification <input type="checkbox"/></p> <p>ID Type: _____</p> | |
| How many vehicles/machinery/equipment does the business own or lease? | | | | | | |
| How many vehicles/machinery/equipment related to the business will be parked/stored at the business? | | | | | | |
| Address of where vehicles/machinery/ equipment and/or materials related to the business are parked and stored. | | | | | | |
| How many employees will be working from/or at this location? | | | | | | |
| How many employees, full-time, part-time, and contract workers work for the company? | | | | | | |
| Address of any other place of business for employees, storage of vehicles and/or materials, and visitors. | | | | | | |
| Will customers be visiting this office for any reason? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Will there be any signage at this location? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

OFFICE USE ONLY

CU No. Approved Denied Denied Inspection Date: _____

COMMENTS, CONDITIONS & LIMITATIONS:

- Commercial
- Residential
- New Building
- Business Name Change
- Joint Occupant
- Owner Name Change
- Home Office
- Use/Occupant Change
- Other _____