



# 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 Village of Pinecrest.

\_\_\_\_\_  
 Signature

Sworn to and subscribed before me this  
 \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
 Print Name and Title  
 Telephone: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public, State of Florida  
 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: \_\_\_\_\_  
Leo Llanos, P.E., Building Official

\_\_\_\_\_ Date: \_\_\_\_\_  
Planning Department

CERTIFICATE APPROVED? YES  NO  FEE: \$

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

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

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