



# CITY OF CORAL GABLES

## CERTIFICATE OF USE APPLICATION

REMIT TO: BUILDING AND ZONING DEPARTMENT  
CERTIFICATE OF USE  
P.O. BOX 141549  
CORAL GABLES, FL 33114-1549

FOR INFORMATION PLEASE CALL (305) 460-5236

THERE IS A ONE HUNDRED EIGHT DOLLAR AND SEVENTY FIVE CENT (\$108.75) 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**

**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:**