

Development Services/Concurrency Office
305-460-5269
www.coralgables.com

City of Coral Gables Certificate of Use



Activity # _____

Certificate of Use # _____

TO BE COMPLETED BY APPLICANT

Business Contact Name: _____

Email Address: _____ Cell #: _____

Business Name: _____

DBA Name: _____

Business Address: _____ Unit/Suite #: _____

Zip Code: _____ Square Footage of Unit/Suite: _____

☐

Check here if you would like the Certificate of Use to be mailed to you.

Mailing address if different from above: _____

Prior Tenant: _____ CU # of Prior Tenant: _____

Nature of Business (description of type of business proposed, type of merchandise carried, or nature of services rendered):

Permit Number (if there was renovation, expansion, establishment of use, or new construction): _____

Signature of applicant verifies the above information is true and correct and subject to the City's False Claim Ord. (Chapter 39 City Code). 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. I am authorized to sign for the business and understand that any misrepresentation of information on this application may result in the revocation of the CU and/or possible enforcement action being initiated against the business and/or its authorized representatives.

Please note, there will be a \$120.00 fee payable to the "City of Coral Gables" via our Online services to process the application after you have received your Miami Dade County Approval.

Date: _____ Print Name: _____ Signature: _____

TO BE COMPLETED BY DEPARTMENT STAFF ONLY

Folio # : 03- Lot: _____

Block: _____ Sect.: _____

Proposed Use: _____ Prior Use: _____ Existing Zoning: _____

Restrictions: _____

☐ Required parking provided _____ Year built: _____

☐ Approved ☐ Denied Signature: _____ Date: _____

Notes: _____

COUNTY DEPARTMENT OF ENVIRONMENTAL REGULATIONS MANAGEMENT (DERM) REVIEW BELOW

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 03-	
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>		

Further, under the penalty of perjury, I, being first duly sworn, depose and say that I have read the foregoing application and that the facts stated herein are accurate and true, including any boxes checked. I further acknowledge that this application and affidavit is subject to penalties of perjury, and acknowledge that Miami-Dade County reserves the right to revoke, cancel, void, or suspend, any permit issued pursuant to any application that contains any materially false or fraudulent statements, and acknowledge that continued operation of the uses after the permit is revoked, canceled, voided, or suspended, may subject me to enforcement penalties allowed by law.

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	PREVIOUS USE/TYPE OF BUSINESS AT THIS LOCATION	DATE OF LAST APPROVAL
Was a building permit required to establish/expand the current proposed use? ☐ YES ☐ NO If Yes, provide the following:		
MUNICIPAL BUILDING PERMIT NUMBER	MIAMI-DADE COUNTY MUNICIPAL BUILDING APPROVAL NUMBER	
MUNICIPAL OFFICIAL PRINT NAME KATHY ARGUINZONI	TITLE PLANS COORD. ASST.	
SIGNATURE	TELEPHONE NUMBER (305) 460-5269	

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

Operating Permit Abbreviation Key:
AP – Air Operating Permit
APCF – Stratospheric Ozone Protection
AW – Agricultural Waste

GDO – Grease Discharge
IW5 – Industrial Facility
IW6 – Wellfield Protection

IW – Industrial Facility
IWP- Industrial Waste Pretreatment
LW – Liquid Waste Transporters

MOP – Marine Facility
PWO – Potable Water Supply
SW – Solid Waste