



**CITY OF SUNNY ISLES BEACH  
CODE COMPLIANCE DEPARTMENT  
CERTIFICATE OF USE APPLICATION  
Non-Refundable \$10.00 Application Fee**

BUSINESS INFORMATION:

DATE        /        /       

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY **SUNNY ISLES BEACH** STATE **FLORIDA** ZIP CODE 33160

SQUARE FOOTAGE **(REQUIRED)** \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

TYPE OF BUSINESS DESCRIBED IN DETAIL \_\_\_\_\_

\_\_\_\_\_

Previous type of business in the building in which you will conduct your business: \_\_\_\_\_

\_\_\_\_\_

Home Office  Office  Retail  Restaurant  Cosmetology Salon  Hotel/Motel/ Apartment

Other \_\_\_\_\_

**NUMBER OF EMPLOYEES** \_\_\_\_\_

Are you sharing space with another business?  YES  NO

If the answer is YES, please provide the name of the primary user:

\_\_\_\_\_

**PERSONAL INFORMATION**

**BUSINESS OWNER'S NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ MOBILE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**PROPERTY OWNER'S NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ MOBILE \_\_\_\_\_

E-MAIL \_\_\_\_\_

"The undersigned hereby certifies that the Certificate of Use for which I am now applying is one for a current Certificate of Use which is now in full force and effect, and that I have not changed the authorized use of the premises and do not plan to make any physical or structural changes to the premises. Additionally, all facts, figures and statements contained herein as well as my original Certificate of Use application, are true, correct and complete to the best of my knowledge and belief. I also acknowledge and understand that the

issuance of a Certificate of Use is contingent upon a zoning compliance inspection and in conjunction with the issuance of a City Local Business Tax Receipt and Certificate of Occupancy, as may be required. Failure to comply with the City's ordinances may result in revocation of said Certificate of Use".

<b>Notarized Signature of Business Owner</b>		<b>Notarized Signature of Property Owner</b>	
		<b>COPY OF DRIVER'S LICENSE REQUIRED</b>	
<input checked="" type="checkbox"/> Signature of Business Owner		<input checked="" type="checkbox"/> Signature of Property Owner	
Date		Date	
Subscribed and Sworn before me this _____ day of _____ (year)		Subscribed and Sworn before me this _____ day of _____ (year)	
by _____		by _____	
Check one: <input type="radio"/> Personally Known <input type="radio"/> Produced Identification		Check one: <input type="radio"/> Personally Known <input type="radio"/> Produced Identification	
Type of Identification (if any) _____		Type of Identification (if any) _____	
Notary Public _____	Notary Stamp	Notary Public _____	Notary Stamp
My Commission Expires		My Commission Expires	

**OFFICE USE ONLY:**

**1. BUILDING DEPARTMENT COMMENTS (PLUMBING):** \_\_\_\_\_

**REQUIRED BEFORE APPROVAL**

CITY OF NORTH MIAMI BEACH       DERM

REVIEWER'S NAME: \_\_\_\_\_ REVIEWER'S SIGNATURE: \_\_\_\_\_

BUILDING APPROVAL DATE: \_\_\_\_\_

BUILDING DEPARTMENT PERMIT #: \_\_\_\_\_

**2. CODE COMPLIANCE COMMENTS:** \_\_\_\_\_

REVIEWER'S NAME: \_\_\_\_\_ REVIEWER'S SIGNATURE: \_\_\_\_\_

CODE ENFORCEMENT APPROVAL DATE: \_\_\_\_\_

DENIED

**3. PLANNING & ZONING COMMENTS:** \_\_\_\_\_

RESOLUTIONS: \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

REVIEWER'S NAME: \_\_\_\_\_ REVIEWER'S SIGNATURE: \_\_\_\_\_

PLANNING & ZONING APPROVAL DATE: \_\_\_\_\_

DENIED