



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 _____ EMAIL _____

TYPE OF BUSINESS DESCRIBED IN DETAIL _____

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

Previous type of business in the space in which you will conduct your business: _____

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: _____

Would you like Elected Officials (Mayor & Commission) to attend your Ribbon Cutting Ceremony?

YES NO

PERSONAL INFORMATION

BUSINESS OWNER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____ MOBILE _____

PROPERTY OWNER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____ MOBILE _____

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.

Notarized Signature of Business Owner		Notarized Signature of Property Owner	
		DRIVER'S LICENSE COPY REQUIRED	
<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="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification		Check one: <input type="checkbox"/> Personally Known <input type="checkbox"/> 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