



CITY OF DANIA BEACH
COMMUNITY DEVELOPMENT DEPARTMENT
ZONING DIVISION
100 W Dania Beach Blvd. Dania Beach, FL 33004
TEL: 954-924-6805 / FAX: 954-922-2687

CERTIFICATE OF USE APPLICATION

There is a non-refundable \$50 fee for the processing of this application.
(Remit a check payable to the City of Dania Beach.)

Date of Application: _____	Folio #: _____
Name of Business: _____	Property Zoned: _____
D/B/A: _____	Business Tel: _____
Business Address: _____	Business Fax: _____
Building #: _____ Bay/Suite #: _____	Emergency Tel: _____
Email : _____	Square Ft of Bay/Space: _____
Business Owner's Name: _____	Multi-Tenant Bldg: <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Owner's Address: _____	Home Tel: _____
Business Owner's City/State/Zip: _____	Alternate Tel: _____

CERTIFICATE OF USE APPLIED FOR (CHECK ONE):

- | | | |
|--|--|--|
| <input type="checkbox"/> New Business | <input type="checkbox"/> Change of Business Name | <input type="checkbox"/> Change of Ownership |
| <input type="checkbox"/> Adding or Changing of Use | <input type="checkbox"/> Transfer Location (existing business to new location) | |

PROPOSED USE (DETAILED DESCRIPTION OF ACTIVITIES): _____

NOTE: THIS APPLICATION IS ONLY REVIEWED TO DETERMINE IF THE USE IS ALLOWED BY THE ZONING DISTRICT. ALL OTHER CITY OR STATE REQUIREMENTS AND REGULATIONS CONTINUE TO BE APPLICABLE. A CERTIFIED DISTANCE SEPARATION SURVEY MUST BE SUBMITTED FOR ANY USE/S REQUIRING DISTANCE SEPARATIONS AS SPECIFIED IN THE CODE.

NOTE: Application must be signed by business owner or authorized corporate officer.

_____ Signature	_____ Title
--------------------	----------------

_____ Printed Name	_____ Date
-----------------------	---------------

State of Florida:
 County of Broward:

The foregoing instrument was acknowledged before me this _____ day of _____, by _____ who is personally know to me or who has produced _____ as identification, and who did (or did not) take an oath.

 NOTARY PUBLIC (SEAL)
 MY COMMISSION EXPIRES:

OFFICE USE ONLY: DO NOT COMPLETE BELOW THIS LINE.

CERTIFICATE NUMBER: _____ **REVIEWED BY:** _____ **APPROVED BY:** _____

DENIED: INFORMED APPLICANT VIA: _____ **DATE:** _____



CERTIFICATE OF USE

SUPPLEMENTAL INFORMATION

1. CURRENT USE OF STRUCTURE _____
 - A. Square Footage _____
2. PROPOSED USE OF THE STRUCTURE* _____
 - A. Square Footage _____
3. SINGLE OR MULTI-TENANT BUILDING _____
 - A. IF MULTI-TENANT: YOU MAY BE ASKED TO PROVIDE A LIST OF OTHER TENANTS IN THE PROPERTY , THEIR USES AND SQUARE FOOTAGE
4. TOTAL NUMBER OF PARKING SPACES ON-SITE _____
 - A. Total Spaces Required (Staff Only) _____
5. IF VACANT, HOW LONG HAS IT BEEN VACANT? _____
6. * VACANCY FOR GREATER THAN 6 MONTHS AND/OR A CHANGE OF USE MAY REQUIRE SITE PLAN APPROVAL PURSUANT TO ARTICLE 635 AND OR COMPLAINE WITH VEHICULAR USE AREA LANDSCAPING PURSUANT TO ARTICLE 275 PRIOR TO ISSUANCE OF CERTIFICATE OF USE.
7. ARE THERE ANY CODE VIOLATIONS? _____