

CERTIFICATE OF USE AND OCCUPANCY

| APPLICATION | | | |
|--|--|--|--|
| Name of Business: | Commence Date: | | |
| Business Address: | Business Telephone: | | |
| | Business Fax: | | |
| Prior Tenant: | | | |
| Type of Business: (type of merchandise sold, services provid | led, etc.} | | |
| L. A. Allane | | | |
| Are you sharing space with another business? Yes \(\bigcup \) No | (If yes, attach copy of current certificate of use) | | |
| Folio Number: | Square Footage: | | |
| Square Footage (Restaurants only): Patron | | | |
| Number of employees | Number of seats | | |
| Legal Description: Lot, Block | c | | |
| Subdivision | | | |
| Name of Business Owner: | Florida Driver's License Number: | | |
| Business Owner's Mailing Address: | Business Owner's Telephone (for emergencies): | | |
| City: State: Zip: | | | |
| | | | |
| AFFIDAVIT | | | |
| State of () | | | |
| County of () | being first duly sworn, deposes and says that: | | |
| He/she is the (Owner, Partner, Officer, Representative or Agent) | of (name o | | |
| applicant) | and that matters and facts stated in this application are true to his/her | | |
| knowledge, and that he/she as (title) | For (name of applicant | | |
| | ed to execute this application for the purposes of obtaining a Certificate o | | |
| Use from the Village of Pinecrest. | Sworn to and subscribed before me this | | |
| Signature | day of 20 | | |
| Print Name and Title | Notary Public, State of Florida | | |
| T. I. | My Commission Expires: | | |
| Telephone: | | | |
| | Revised 2/2/2 | | |

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| Classification: | | | | |
|---------------------------------------|----------------------------|------------------------------------|-----------------|--|
| Existing Zoning: | | Required Zoning: | | |
| PARKING REQUIREMENTS | | | | |
| Complies with parking requirements | of zoning code? yes 🖵 | No 🗖 | | |
| Number of parking spaces required: | | Number of parking spaces provided: | | |
| CONCURRENCY | | | | |
| Complies with concurrency? YES | □ NO □ | | | |
| Restrictions: | | | | |
| | | | | |
| | | | | |
| Prior Use: | | Proposed Use: | | |
| CERTIFICATE APPROVAL/REJECTIC |)N | | | |
| | | | | |
| Application reviewed by | Building Off | icial | Date: | |
| | | | Date: | |
| | Planning Dire | ector | | |
| CERTIFICATE APPROVED? | YES NO | FEE: | \$ | |
| | | | | |
| If not approved, please detail the re | ason for rejection and wha | corrective action if any | may be taken: | |
| | ason for rejection and wha | Corrective deficit, if diff. | , may be taken. | |
| | | | | |