VILLAGE OF PINECREST
Building & Planning Department

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 provided, etc.) _____

_____

Are you sharing space with another business? Yes ❑ No ❑ (If yes, attach copy of current certificate of use)

Folio Number: _____ Square Footage: _____

Square Footage (Restaurants only): Patron _____ Non-Patron _____

Number of employees _____ Number of seats _____

Legal Description: Lot _____, Block _____, Section _____

Subdivision _____

Name of Business Owner:	Florida Driver's License Number:
Business Owner's Mailing Address: City: State: Zip:	Business Owner's Telephone (for emergencies):

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 of 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) _____ is authorized to execute this application for the purposes of obtaining a Certificate of 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
My Commission Expires:

Telephone: _____

Revised 2/2/2015

FOR OFFICE USE ONLY

CERTIFICATE OF USE AND OCCUPANCY

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/REJECTION

Application reviewed by _____ Date: _____
Building Official

_____ Date: _____
Planning Director

CERTIFICATE APPROVED? YES ❑ NO ❑ FEE: $

If not approved, please detail the reason for rejection and what corrective action, if any, may be taken:

_____

_____

_____