PLANNING & ZONING DEPARTMENT
OCCUPATIONAL LICENSE DIVISION
CERTIFICATE OF USE AND OCCUPANCY

APPLICATION

Name of Business: _____ Owner Name: _____

D.B.A.: _____ F.E.I. Number: _____

Business Address: _____ Business Telephone: _____

Unit No.:_____ City _____ State _____ Business Fax: _____

Zip Code:_____ E-Mail: _____

Mailing Address (if different from Business Address): _____

Unit No.:_____ City _____ State _____ Zip Code:_____

Prior Tenant Activity:_____

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: _____

AFFIDAVIT

State of _____
County of _____

_____, (Owner, Partner, Officer, Representative or Agent) _____, being duly sworn, deposes and says that He/She is the authorized to execute this application for the purposes of obtaining a Certificate of Use from the City of Doral.

_____
Signature

_____
Print Name and Title

_____
Telephone

Sworn to and subscribed before me this
_____ day of _____

_____
Notary Public, State of Florida
My Commission Expires:

FOR OFFICE USE ONLY

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 provides: _____

CONCURRENCY

Complies with concurrency? Yes ☐ No ☐

Restrictions:

_____

_____

_____

Prior Use: _____ Proposed Use: _____

FINAL INSPECTIONS

TRADE	APPROVED	DATE	SIGNATURE
ZONING			
FIRE			
DERM			

CERTIFICATE APPROVAL /REJECTION

Application reviewed by: _____ Date: _____
Ingrid P. Balza, Chief Licensing Officer

_____ Date: _____
Nathan Kogon, Planning & Zoning Director

CERTIFICATE APPROVED? YES ☐ NO ☐ FEE: _____

CERTIFICATE NUMBER: _____

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

_____

_____

_____