



**PLANNING & ZONING DEPARTMENT
OCCUPATIONAL LICENSE DIVISION
CERTIFICATE OF USE**

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.

Sworn to and subscribed before me this

Signature _____ day of _____

Print Name and Title _____

Telephone _____

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: _____
Ingrid P. Balza, Chief Licensing Officer

Date: _____

Julian Perez, Planning & Zoning Director

Date: _____

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:

