Public Works and Environmental Services Department
BUILDING CODE DIVISION | ZONING
2307 West Broward Boulevard, Suite 300 • Fort Lauderdale, FL 33312 • 954-357-6644 • Zoning@broward.org

OFFICE USE ONLY

CU No. _____ ☐ Approved ☐ Denied Comments, Conditions, & Limitations:

Inspection Date _____ ☐ Commercial ☐ Industrial

☐ New Building ☐ Business Name Change ☐ Owner Name Change

☐ Joint Occupant ☐ Use/Occupant Change ☐ Other _____

Commercial - Industrial Certificate of Use Application

Broward Municipal Services District (BMSD)

Pursuant to Section 39-19 of the Broward County Zoning Code, the original Certificate of Use must be posted at the business location at all times. Failure to comply with conditions can result in the certificate being revoked.

Business Owner Information

Business Owner/Corporation/Partnership			Business Name		
Address	Building	Bay/Suite	City	State	Zip

Business Phone	Other Phone	Fax	Email

Business Information

Detailed Description of Business
Number of company-owned vehicles/machinery/equipment the business owns or leases?
Number of company-owned vehicles/machinery/equipment related to the business parked/stored at the business?
Address of where company-owned vehicles/machinery/equipment and/or materials related to the business are parked and stored?
Number of employees working from/at this location?
Number of full-time, part-time, and contract workers that work for the company?
Address of any other place of business for employees, storage of company-owned vehicles, and/or materials and visitors?

Will customers visit this location? ☐ Yes ☐ No Will there be signage at this location? ☐ Yes ☐ No

Affidavit

I certify that I have read the requirements and information I have provided is accurate and true. I am authorized by the property owner to make this application.

_____ _____

Applicant Signature **Date**

NOTARY PUBLIC

STATE OF FLORIDA, COUNTY OF BROWARD

The foregoing instrument was acknowledged before me bv the Affiant bv means of ☐ physical presence | ☐ online notarization, this day of , 20 ,

by _____.

☐ Personally Known or ☐ Produced ID. ID Type: _____.

_____

Signature of Notary Public, State of Florida

(NOTARY SEAL)

_____

Name of Notary Typed, Printed or Stamped

CASHIER VALIDATION

DO NOT WRITE IN THIS SPACE