

ENVIRONMENTAL PROTECTION AND GROWTH MANAGEMENT DEPARTMENT Permitting, Licensing and Consumer Protection Division 1 N. University Drive, Box #302, Plantation, Florida 33324 (954)765-4400

APPLICATION FOR CERTIFICATE OF USE

CERTIFICATE OF USE #		INSPECTION DATE		
Location type:	□ Commercial□ Residential	Category:	 New Building Business Name Change Owner Name Change Joint Occupant Change of Use or Occupant 	
BUSINESS OWNER INFORMATION				
Business Name			gBay/Suite	
Business Phone Other Phone Other Phone				
Fax	E-M	ail		
PARCEL INFORMATION Zoning District Original Permit # Folio number Legal Description Property Owner Name if Different from Applicant				
Comments				

Business Type	Business Type Description
Number of Employees	Business Type Description Hours of Operation
☐ Are Commercial Vehicles Stored	at this Location?
Number/Type of Vehicles (used for b	ousiness)
Name of Previous Occupant/CU num	ousiness) nber Previous Business type
☐ Existing/Proposed Signage	
Please describe in detail the nature	e and type of business to be conducted in these premises:
"Certificates Required", the original	ward County Zoning Code Requirements, Section 39-19, I certificate shall be posted at the business location at all times. of Section 39-19 can result in the revocation of this Certificate of
I certify that I have read the requirem	nents and the information I have provided is accurate and true.
Authorized Signature	
STATE OF FLORIDA	
COUNTY OF BROWARD	
Before me personally appeared	who is personally
known to me or has presented	as
identification and acknowledged he/s	she executed this instrument for the purpose(s) indicated.
Sworn and Subscribed before me	day of A.D., 20
NOTARY PUBLIC Signature	_
Print Name	_