



ZONING CERTIFICATE OF USE

CITY OF COOPER CITY COMMUNITY DEVELOPMENT DEPARTMENT

NOTE: This zoning certificate of use grants **zoning approval only**. It is the applicant's responsibility to confirm if the proposed use in the subject tenant space is available for the proposed use **and** complies with the Building and Fire codes prior to occupancy.

PART ONE – BUSINESS INFORMATION - *Required*

Business Name: _____

Folio Number: _____

Address: _____

Prior Occupancy Use: _____

Proposed Use: _____ Community Assembly Use: Yes ____ No ____

Community Assembly Use may be subject to parking analysis

Detailed Description of Business (if further detail is necessary, complete a **Supplemental Affidavit: Affidavit of Business Description** form located on our website):

Floor Area Square Footage of Use: _____

Total Square Footage of Space: _____

Will alcohol be served? Yes ____ No ____

If yes, what type of license? _____

More than one business in tenant space? Yes ____ No ____

If "Yes", provide name of business: _____

PART TWO – APPLICANT AND PROPERTY OWNER INFORMATION - *Required*

Applicant / Business Owner: _____

Phone Number: _____ Email: _____

Mailing Address: _____



ZONING CERTIFICATE OF USE

CITY OF COOPER CITY COMMUNITY DEVELOPMENT DEPARTMENT

Name of Plaza/Shopping Center: _____

Property Owner or Manager (Specify): _____

Phone Number: _____ Email: _____

Mailing Address: _____

Landlord/management approval obtained? Yes ___ No ___

PART THREE – AFFADAVIT - *Required*

NOTE: Notarized required prior to submittal.

State of _____ County of _____

Before me, ___ physical or ___ online, appeared _____, who is ___ personally known to me or who ___ produced _____ (I.D. Type) and being first duly sworn, deposes that he/she is the ___ Business Owner, ___ Property owner, or ___ Authorized agent of _____ (Name of Business or Property), and that matters and facts stated in this application are true to his/her knowledge, and that he/she is authorized to execute this application for the purposes of obtaining a zoning certificate of use prior to the issuance of a local business tax receipt from the City of Cooper City; agrees to site and property inspections by City Staff for purposes associated with the review of the request; and, acknowledges that exterior site or elevation modifications and/or associated signage for the business requires a separate application to be reviewed and approved.

Affiant Signature: _____ Print Name: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Seal:

Notary Public, State of Florida (Signature): _____

Notary Public, State of Florida (Printed or Typed): _____



ZONING CERTIFICATE OF USE
CITY OF COOPER CITY
COMMUNITY DEVELOPMENT DEPARTMENT

PART FOUR – OFFICE USE ONLY (ZONING)

Planning & Zoning Reviewer: _____		Proposed Use: _____	
Prior Use: _____		Zoning District: _____	
Complies with parking requirements: ___ Yes ___ No			
Parking spaces required: _____		Provided: _____	
Approved? ___ Yes ___ No		Initials: _____ Date: _____	

PART FIVE – BUILDING OFFICIAL REVIEW

Change of Use required? ___ Yes ___ No Initials: _____ Date: _____

Building Official Name: _____

Required Fee and Documentation

- This application must be submitted by mail or in person with payment of the applicable fee to the City of Cooper City Planner at 9090 SW 50 Place, Cooper City, Florida 33328.
- Fee: \$51. Please make checks payable to the **City of Cooper City**.
- Completed Application. Original signatures must be provided; copies will not be accepted.