



CERTIFICATE OF USE PROCEDURES

Prior to the issuance of any Certificate of Use, the applicant shall comply with the following requirements:

1. Completed application shall be submitted to the Village Zoning Department, for its review. The application, if approved by the Zoning Department, will be assigned a process number.
2. Complete the request form for inspection from **Miami Dade County Fire Rescue Department (786) 331-4800** and fax it to **(786) 331-4801**.
3. Once the application receives a process number from the Village, the applicant takes the application to the Department of Environmental Resource and Management (DERM) of Miami Dade County for their review and approval stamp. The office is located at **11805 SW 26 Street Miami, Fl 33175, phone (786) 315-2800**. For any associated fees please contact DERM directly. Office hours are 7:30 am-4:00pm.
4. Once DERM has approved and stamped the Certificate of Use application, bring it together with the approved fire inspection form (yellow copy) to the Village Zoning Department, for issuance of Certificate of Use. **The fee for Certificate of Use is \$175.00**. All business applying for a new Certificate of Use are subject to a site inspection as a prerequisite of the issuance of any certificate.
5. Once the Certificate of Use has been obtained, you are required to obtain two (2) Occupational Licenses. First, at Village of Palmetto Bay located at (9705 East Hibiscus St). Second, at Miami-Dade County located in Downtown 140 W Flagler Street, 14th Floor.

**VILLAGE OF PALMETTO BAY
APPLICATION FOR CERTIFICATE OF USE**

Date: _____ Folio No: _____ S _____ T _____ R _____

BUSINESS INFORMATION:

Name of Business/DBA _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone _____ Fax _____ Sq. ft. _____

Type of Business, describe in detail _____

Home Office _____ Medical Office _____ Admin Office _____ School _____ Retail _____ Restaurant
(Take Out) _____ Restaurant (Patron Area Sq. Ft. _____ Back of the House Sq. Ft. _____) Other _____

Previous type of business in location in which you will conduct your business _____

_____ Are you sharing space with another business Yes _____ No _____
If the answer is yes, please provide the business name and use of the primary
business _____

PERSONAL INFORMATION:

Corporate officer/owner _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Signature of the applicant & landlord verifies the above information is true and correct. Signator understands the conditions under which the Certificate of Use is being approved and accepts that no charges or refunds can be made once issued. Signator authorized to sign for the business and understand that any misrepresentation of information on this application may result in the revocation of the CU and/or possible enforcement action being initiated against the business and/or is authorized representative. Signator further understands that a separate Certificate of Occupancy (if applicable) and Occupational license are also required.

Print Name

Signature of Applicant

Print Name

Signature of Landlord

DEPARTMENT USE ONLY:

Processor _____ Zoning _____ Resolution No _____ Bldg Permit # _____
Approved _____ Denied _____ Condition under which approved _____

Process No. _____ Certificate No. _____



MIAMI-DADE COUNTY FIRE RESCUE REQUEST FOR INSPECTION

(PLEASE PRINT CLEARLY)

Process #: _____ Municipality: _____

Company Name: _____

Inspection Address: _____ Unit # _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Contact Phone# () _____ Fax#() _____

Permit Relationship: _____ (i.e. Applicant; Arch; Eng; Expeditor; Contractor)

Additional Comments: _____

(i.e. call prior; additional contact #; special instructions)

INTERNAL USE ONLY

Inspector: _____ Date Assigned: _____ Assigned By: _____

MDFRD Application # _____

TYPE Request: Zoning _____

Disposition: COMPLIANCE _____ Date: _____

Internal _____

External _____

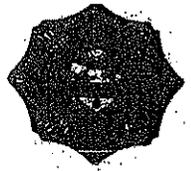
Complaint _____

Tent _____

Requested by: _____ (i.e., tenant, owner, Fire Prevention staff, etc.)

Comments: _____

PLEASE RETURN TO FIRE PREVENTION OFFICE SUPPORT STAFF FOR INSPECTION
UPDATE RESULTS.



FIRE INSPECTION HELPFUL HINTS

THE FOLLOWING INFORMATION WILL HELP YOU GET READY FOR YOUR FIRE INSPECTION.

PLEASE NOTE: THE INFORMATION HERE IS NOT MEANT TO BE ALL INCLUSIVE OF THE FLORIDA FIRE PREVENTION CODE, DURING INSPECTION, THE FIRE INSPECTOR MAY FIND OTHER VIOLATIONS NOT MENTIONED HERE.

ADDRESS: BUILDING ADDRESS NUMBERS MUST BE POSTED NEAR FRONT ENTRANCE. NUMBERS SHOULD BE AT LEAST 6 INCHES HIGH AND CONTRAST WITH THEIR BACKGROUND.

FIRE EXTINGUISHERS: ONE FIRE EXTINGUISHER OF SIZE 2A:10B:C IS NEEDED FOR EVERY 3000 SQUARE FEET OF AREA AND 75 FEET OF TRAVEL DISTANCE. FIRE EXTINGUISHERS ARE TO BE TAGGED BY A STATE CERTIFIED CONTRACTOR WITH A DATE OF LESS THAN ONE YEAR.

EXIT SIGNS: EXIT SIGN INTERNAL ILLUMINATION MUST BE MAINTAINED

EMERGENCY LIGHTS: IF PRESENT, EMERGENCY LIGHTS MUST WORK

DOOR LOCKS: NO KEY OPERATED LOCK IS ALLOWED FROM THE EGRESS SIDE OF ANY REQUIRED EXIT. (BUSINESS, MERCANTILE AND ASSEMBLY OCCUPANCIES MAY HAVE A KEY OPERATED LOCK ON THE MAIN BUSINESS ENTRANCE DOOR).

RESTAURANTS: IF SEATING CAPACITY IS OVER 50 PERSONS, A SIGN MUST BE POSTED NEAR THE MAIN BUSINESS DOOR STATING THE MAXIMUM SEATING CAPACITY.

HOOD SUPPRESSION SYSTEMS: A CURRENT TAG (LESS THAN 6 MONTHS) AND HOOD SYSTEM REPORT FROM A STATE CERTIFIED CONTRACTOR IS REQUIRED. (REPORT SHOULD SHOW NO DEFICIENCIES).

FIRE ALARMS AND FIRE SPRINKLER SYSTEMS: IF PRESENT, THEY MUST BE CURRENTLY TAGGED BY CERTIFIED CONTRACTORS AND REPORTS SHOWING NO DEFICIENCIES MUST BE PRESENTED TO THE INSPECTOR.

ASSEMBLY OCCUPANCIES: IF CAPACITY IS GREATER THAN 100 PERSONS, PANIC HARDWARE MUST BE INSTALLED IN ALL SECONDARY EXITS.