



# Town of Medley Certificate of Use Application

<u>FOR OFFICE USE ONLY</u>	
Payment Date: _____	
Payment Type: _____	Fee: \$70.00
Cash: _____	Check: _____
CC: _____	
License#: _____	

**Submit To:**

Building & Zoning Department  
7777 NW 72<sup>nd</sup> Avenue  
Medley, Florida, 33166  
Telephone: (305) 887-9541

There Is A Seventy Dollar (\$70.00) Fee (Check Payable To "Town Of Medley") For The Processing Of The Application For A Certificate Of Use.

Name of Business: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Nature of Business: (Give Brief Description of Type of Business Being Conducted or Proposed; Type of Merchandise To Be Carried Or Nature Of Services To Be Rendered).** \_\_\_\_\_  
\_\_\_\_\_

Number of Employees \_\_\_\_\_

Proposed Location: \_\_\_\_\_

Are You Sharing Space With Another Business?  Yes  No

(If Yes, Attach Copy of Current Certificate of Use)

Permit/Application Number (If There Was Alteration, Expansion, Establishment of Use or New Construction)

\_\_\_\_\_

Folio Number: \_\_\_\_\_ Building Square Footage: \_\_\_\_\_

Please Check Box If Mailing Address Differs From Above Location. Print Mailing Address Below:

\_\_\_\_\_

I Affirm the Information Given Herein Is True and Correct

X \_\_\_\_\_

Applicant Signature

Date

**To Be Completed By Zoning Division Only**

Use Classification: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Required Zoning: \_\_\_\_\_

Prior Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Number of Parking Spaces Required: \_\_\_\_\_ Number Of Parking Spaces Provided \_\_\_\_\_

Restrictions: \_\_\_\_\_

Checked By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved For Certificate by: \_\_\_\_\_

Conditions: \_\_\_\_\_

Denied for Certificate by: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_