

LAND USE AND ZONING CERTIFICATE: NON-RESIDENTIAL

LDC subsection 10.02.06 B.1.f

Chapter 4 K. of the Administrative Code

Please fill out this form as completely as possible. If you don't know the answer, indicate "unknown". If the item doesn't apply, indicate "not applicable" or "N/A". Your application cannot be processed without all the necessary information. Zoning approval of this application can be expedited if a site plan of the property to be occupied showing parking and surrounding uses is submitted with the application.

| Zoning Certificate Number | Relocating Existing Business | New Business |
|--|--|---------------------|
| Additional development orders may be required by the Co | unty for any changes in use and/or in | terior and exterior |
| remodeling. Please be advised that Impact Fees may be du | e at time of Building Permit. Please c | ontact Impact Fee |

Administration at (239) 252-2991 and Public Utilities at (239) 252-6237 to verify if any impact fees will be assessed.

(Applicant's initials)

areas and seating.

| | CONITACT | INFORMATION |
|-----------|----------|-------------|
| APPLICANT | CUNTACT | |

| Name of Applicant(s) | | | | | | |
|---|-----------------------|-------------|-----|--|--|--|
| Address | City | State | Zip | | | |
| Telephone | Cell | | | | | |
| Email Address | | | | | | |
| BUSINESS & USE INFORMATION | | | | | | |
| Business Owner or Qualifier's Name | | | | | | |
| Business Name | Busi | iness Phone | | | | |
| Business Address | City | State | Zip | | | |
| Property Owner or Leasing Agent Name | Complex Name (if any) | | | | | |
| Type of Business | | | | | | |
| Type and Name of Business Previously or Presently Occupying Location | | | | | | |
| If vacant, provide length of vacancy | | | | | | |
| Is the business any of the following types* | | | | | | |
| Restaurant/Eating Places (SIC 5812) | | | | | | |
| Bar/Night Club/Drinking Places (SIC 5813) – will require a distance waiver | | | | | | |
| Restaurant/Bar with 150 seats or more | | | | | | |
| *Alcohol licenses will not be signed off by the Planning and Zoning Department until the Business Tax Receipt has been issued. If the license is for consumption on premises, a floor plan will be required showing the location of all serving | | | | | | |

Land Use & Zoning Certificate: Non-Res Application 1.1 (Rev 1/2022)



BUILDING INFORMATION

Retail Shopping Center

Office/Professional Business Center

Building Type:

Single-Occupancy Building

Building use (indicate the approximate square footage the unit or building is used for): Office Retail Storage Manufacturing / Repair Other, describe **Total Building Floor Area** Auto Repair/Service Station – number of bays Restaurant/Church/Beauty Salon – number of seats Number of parking spaces for building/complex – if greater than 100 spaces, state "common" **FEE REQUIREMENTS Zoning Certificate Review Fee** \$125 I declare under penalty of perjury the foregoing facts are true and correct to the best of my knowledge. **Applicant Signature** Date Please submit the completed application online via the **GMD Public Portal**. If you need assistance submitting your application online, please review the E-Permitting Guide.

| The following to be completed by County Staff | | | | | |
|---|--------------|---------------------------|----------------------|---------------|-------------|
| SIC # | | Zoning | | Property ID # | |
| Building Permit # (if a | vailable) | | SDP # (if available) | | |
| Site Visit Required | Yes | No | | | |
| Comments/Restrictio | ns: | | | | |
| | | | | | |
| Approved | Hold | Denied | | | |
| Planner | | | Date | | |
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