



COLLIER COUNTY GOVERNMENT
GROWTH MANAGEMENT DIVISION/
PLANNING AND REGULATION

2800 NORTH HORSESHOE DRIVE
NAPLES, FLORIDA 34104
239) 252-2400 FAX (239) 252-6358
www.colliergov.net

**LAND USE AND ZONING CERTIFICATE
NON-RESIDENTIAL**

Please take the time to 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 can't be processed without all of 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 #

Date: _____

New Business Relocating Existing Business

*** Additional development orders may be required by the County for any changes in use and/or interior and exterior remodeling. Please be advised that Impact Fees may be due at time of Building Permit. Please contact Impact Fee Administration at (239) 252-2369 and Public Utilities at (239) 252-6237 to verify if any impact fee will be assessed. (Applicant's initials): _____**

Business Name: _____ Business Phone: _____

Business Address: _____

Business Owner or Qualifier's Name _____

Applicant's Name (person completing form) _____ Phone: _____

Complex Name (If any): _____

Type of Business: _____

*** Check below if the business is any of the following business 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 License will not be signed off by Zoning until the Business Tax Receipt has been issued. If license is for consumption on premises a floor plan will be required showing the location of all serving areas and seating.

Type and Name of Business Previously or Presently Occupying Location: _____

If Vacant, Provide Length of Vacancy: _____

Property Owner or Leasing Agent Name: _____

Owner / Agent Address: _____ Phone: _____



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Type of Building: Single-Occupancy Building Retail Shopping Center Office / Professional / Business Center

BUILDING USE (Indicate the approximate square footage the unit or building is used for:

Retail: _____ sq. ft. Storage: _____ sq. ft.

Office: _____ sq. ft. Manufacturing / Repair: _____ sq. ft.

Other (describe) _____

Total Building Floor Area: _____

Auto Repair / Service Station: **Number of Bays** _____

For Restaurant / Church / Beauty Salon: **Number of Seats** _____

Number of Parking Space **for Building / Complex** (if over 100 spaces state "common"): _____

Number of spaces available **for unit**, if specified: _____

I DECLARE UNDER PENALTY OF PERJURY THE FOREGOING FACTS ARE TRUE AND CORRECT.

APPLICANT SIGNATURE _____ DATE _____

Z.C. REVIEW FEE: \$125.00 CHECKS PAYABLE TO: "BOARD OF COUNTY COMMISSIONERS"

TO BE COMPLETED BY COUNTY STAFF

SIC # _____ Zoning: _____ Property ID #: _____

If available: Building Permit # _____ SDP # _____

Site Visit Required: Yes / No

PLANNER DATE

APPROVED ____ HOLD ____ DENIED ____ COMMENTS/RESTRICTIONS



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