



COLLIER COUNTY GOVERNMENT
GROWTH MANAGEMENT DIVISION
www.colliergov.net

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

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 can not 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 #: _____ Relocating Existing Business New 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) 252-2991 and Public Utilities at (239) 252-6237 to verify if any impact fee will be assessed. (Applicant's initials): _____

APPLICANT CONTACT INFORMATION

Name of Applicant(s): _____
Address: _____ City: _____ State: _____ ZIP: _____
Telephone: _____ Cell: _____ Fax: _____
E-Mail Address: _____

BUSINESS & USE INFORMATION

Business Owner or Qualifier's Name: _____
Business Name: _____ Business 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: _____

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 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 areas and seating.



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BUILDING INFORMATION

Building Type: 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: _____ Storage: _____ Office: _____

Manufacturing / Repair: _____ Other, describe: _____

Total Building Floor Area: _____

Auto Repair/Service Station: _____ # of Bays

Restaurant/Church/Beauty Salon: _____ # of Seats

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

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

I declare under penalty of perjury the foregoing facts are true and correct to the best of my knowledge.

Applicant Signature

Date

Zoning Certificate Review Fee: \$125.00 (checks payable to: "Board of County Commissioners")

The following to be completed by County Staff:

SIC #: _____ Zoning: _____ Property ID #: _____

Building Permit #: _____ (if available) SDP #: _____ (if available)

Site Visit Required: Yes No

Comments/Restrictions:

Approved Hold Denied

Planner

Date