



CERTIFICATE OF USE APPLICATION

There is a \$121 **non-refundable** fee for the processing of this application for a Certificate of Use.

Please provide a self-addressed stamped envelope for mail returns

The Certificate of Use verifies that the use described by the applicant is an allowable use for the identified property. Said verification of uses is based upon the list of allowable uses per the applicable Zoning District as identified in the Zoning and Land Development Regulations and the Land Use Designation as identified in the Land Use Element of the City's Comprehensive Plan. Certification of Use in no way waives or guarantees compliance with other applicable Zoning and Land Use Regulations or Florida Building and Fire Codes. The property and all applicable structures shall fully comply with all applicable Codes and Ordinances prior to the commencement of the approved use.

Please write legibly. We will notify you when your Certificate of Use has been approved.

PAYMENT OPTIONS:

Pay by Check, Credit/Debit Card, or Cash.

Please have picture I.D. ready for payment.

Check shall be payable to the "City of Hollywood."

COMPLETED BY APPLICANT

Business Name / DBA: _____

Business / Rental Property Address: _____

Zip Code: _____ Suite Number, if Applicable: _____

Business Phone: _____ Contact information for pick up : _____

Is this application associated with the following: Building Permit # _____

Code Enforcement Violation # _____

Describe Business Type and Operations in Detail: (If a residential rental, specify the number of units):

Business Owner: _____

Business Owner Address: _____

City/State/Zip Code: _____ Business Owner Phone: _____

Email: _____ Applicant Signature: _____

COMPLETED BY CITY STAFF

CU No. _____ Folio: _____

Zoning District: _____ Land Use: _____

HISTORY/RESEARCH

Certificate of Use	Status	Description
_____	_____	_____
_____	_____	_____

Application Type: New Certificate of Use Ownership Transfer of Certificate of Use

Determination: Approved Approved with Conditions Denied

Conditions: _____

Staff Signature: _____ Date: _____

Staff Signature: _____ Date: _____