

APPLICATION FOR CERTIFICATE OF USE

PLEASE PROVIDE ALL REQUESTED INFORMATION & SUBMIT, BY MAIL OR IN PERSON, TO THE ZONING SECTION AT THE ED BALL BUILDING, 214 HOGAN ST. NORTH, 2ND FLOOR WITH A CHECK PAYABLE TO THE (TAX COLLECTOR). PHONE: 255-8300

DATE: _____

\$100.00 Fee

- New Use
- Change in use
- Expansion of Square Footage

\$25.00 Fee (Requires copy of existing certificate of Use)

- Name/Owner Change

Exempt

- Home Occupation (ord. 656.1601)
- Peddler (ord. 250.101)

(Requires submittal of Home Occupation Disclosure Statement)

Business Owners Information

Business Owner's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax: _____

E-Mail Address: _____

Business Name: _____

Business Description: ** _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax: _____

E-Mail Address: _____ *** Real Estate: _____

** Please include survey/site plan if possible

***Real Estate number can be found on your tax bill or by contacting your landlord

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY UNDERSTAND THAT THE ISSUANCE OF A CERTIFICATE OF USE DOES NOT MEAN I HAVE OBTAINED ALL THE NECESSARY APPROVALS/PERMITS FOR MY BUSINESS.

PRINT NAME

SIGNATURE

DEPARTMENT USE ONLY

CERTIFICATE # _____ DATE: _____ PROCESSOR: _____

PREVIOUS USE (Check one)	
RESIDENTIAL	NON-RESIDENTIAL
<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Condominiums <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other _____ <input type="checkbox"/> 3 or 4 Families <input type="checkbox"/> Apartments <input type="checkbox"/> Mobile Home	<input type="checkbox"/> Amusement, Recreational <input type="checkbox"/> Church, Other Religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Service Station, Repair Garage <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Utility, Towers, Tanks <input type="checkbox"/> School, Library, Other Educ. <input type="checkbox"/> Stores, Mercantile, Retail Sales <input type="checkbox"/> Convert Residence to Business <input type="checkbox"/> Restaurant <input type="checkbox"/> Day Care <input type="checkbox"/> New Building <input type="checkbox"/> Hotel, Motel, Dormitory <input type="checkbox"/> Other _____ <input type="checkbox"/> Adult Entertainment facility as described in Chapter 656, Part 10 of the Jacksonville Code of Ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No

PROPOSED USE (Check one)	
RESIDENTIAL	NON-RESIDENTIAL
<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Condominiums <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other _____ <input type="checkbox"/> 3 or 4 Families <input type="checkbox"/> Apartments <input type="checkbox"/> Mobile Home	<input type="checkbox"/> Amusement, Recreational <input type="checkbox"/> Church, Other Religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Service Station, Repair Garage <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Utility, Towers, Tanks <input type="checkbox"/> School, Library, Other Educ. <input type="checkbox"/> Wholesale <input type="checkbox"/> Convert Residence to Business <input type="checkbox"/> Restaurant <input type="checkbox"/> Day Care (Site plan approved by City Traffic Engineer and Proof of approval by Dept of Children and Families required). <input type="checkbox"/> Hotel, Motel, Dormitory <input type="checkbox"/> Retail Sales: Type of items to be sold _____ _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Is this an Adult Entertainment facility as described in Chapter 656 , Part 10 of the Jacksonville Code of Ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No

DOES THE BUSINESS REQUIRE OUTSIDE DISPLAY, OUTSIDE SALES AND/OR OUTSIDE STORAGE? YES NO

Seating capacity: (If Applicable) _____ Enclosed Area: _____ SqFt