



Certificate of Use Application

VILLAGE OF INDIANTOWN
COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT
15516 SW OSCEOLA STREET SUITE A, INDIANTOWN, FL. 34956
Tel: (772) 597-9900

Business Owner/Applicant Information:

First Name: _____ Last Name: _____ Date: _____

Address: _____

Business Phone No: _____ Mobile Phone No: _____

E-mail Address: _____

Subject Property/Business Location Information:

Property Address: _____

Business Name: _____

Size of Building(s): _____ square feet.

Number of existing parking spaces available: _____

Please attach the following items:

- a. A lease agreement or title for the property where the certificate is requested.
- b. A site plan of the property showing parking and entrances.
- c. A floorplan indicating square footage of the space, and which meets all building code and fire safety requirements.
- d. A narrative describing the proposed use.

Will new signage be proposed at the site? Yes [] No []

(If so, please complete a Building Permit application)

Please answer the following questions:

1. What is the use(s) you intend for this space within the building? _____
2. What is the proposed business? Office Retail Industrial Institutional Agricultural
3. What is the proposed number of employees? (Please count yourself) _____
4. What is the number of seats for any restaurant, theater, or bar? _____

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5. If there will be special uses (e.g., hazardous substances), noisy or vibrating tools, or machines, describe them. _____

Property owner questionnaire and certification:

As the property owner, please answer the following questions about this lease.

1. Regarding the space that is being leased to this business, what are the **most recent use(s)** in the same space in the building? _____
2. What is the use(s) that is intended for the **same space in** the building?
3. What is the proposed business? Office Retail Industrial Institutional Agricultural
4. What is the floor area of all proposed use(s), e.g., office, retail sales, dining, storage, warehouse etc.? _____ square feet.
5. How many off-street parking spaces are assigned to this use? _____
6. What is the anticipated number of employees? _____
7. If the use is a restaurant, theater, or a bar, what will be the number of seats provided? _____
8. Will there be any special uses that involve hazardous substances, noisy or vibrating tools or machines, or generate smoke, dust or glare? Describe them.

I have read this application, and I have answered all items fully and accurately, to the best of my knowledge. If the proposed use of my property by this lease is determined to be a change of use, I understand that I may be required to pay impact fees for any increased density or intensity related to the use change.

Property owner's signature: _____

Print name: _____

Date: _____

Please be advised that the issuance of a Certificate of Use Zoning Verification establishes that the business you intend to conduct is a use permitted by the Village for the location at which you intend to operate. The issuance of a Certificate of Use Zoning Verification in no way certifies that the property locates at this address complies with other provisions of the Village Code of Ordinances, Martin County Code of Ordinances, Florida Building and Fire Safety Codes, or other state-required approvals.

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NOTARY ACKNOWLEDGEMENT

STATE OF _____

COUNTY OF _____

I hereby certify that the foregoing instrument was acknowledged before me this day of _____, 20__, by_____.

He or she is personally known to me _____ or has produced _____ identification.

NOTARY PUBLIC SIGNATURE: _____

PRINTED NAME: _____

STATE OF _____

Fees:

Certificate of Use fee **\$25**. Please make check payable to the Village of Indiantown.

I acknowledge that I have carefully reviewed this application and all information contained herein has been freely and voluntarily provided. All information supplied is correct and complete to the best of my knowledge.

Applicant's Signature: _____

APPLICANT, PLEASE -DO NOT WRITE BELOW THIS LINE

Received Date: _____

Application Number: COU- _____

Fee Paid: Yes [] No [] Amount Paid: _____

Cash [] Check [] # _____

Payment Received by: _____