

ZONING CERTIFICATE OF USE

CITY OF DELRAY BEACH DEVELOPMENT SERVICES DEPARTMENT

Internal Use Only	
Application #	_
Amount Paid \$	_
Historic District:	
Planner:	

PART ONE BUSINESS INFORMATION	(ALL INFORMATION MUST BE PROVIDED. IF NOT APPLICABLE, PLEASE WRITE N/A)								
BUSINESS NAME (DBA AND/OR CORPORATION NAME / LLC)		BUSINESS WEBSITE							
ADDRESS (INCLUDE FLOOR NUMBER I.E. GROUND FLOOR, 3 RD FLOOR, ETC.)			ER (PCN) (See Pg.2)	IN A HISTORIC DISTRICT?					
				O YES ONO					
PRIOR TENANT / USE (BE SPECIFIC, See Pg.2)	SQUARE FOOTA	GE FOR TE	NANT SPACE	SHOPPING CENTER (+25,000 SF)					
		NET (See Pg.2)	O YES O NO						
IS THIS REQUEST ASSOCIATED WITH A CHANGE IN A DELRAY BEACH BU	SINESS NAME,		AN ONE BUSINESS IN	MULTI-TENANT BUILDING?					
ADDRESS, ADD-ON BUSINESS, ETC.?		NANT SPACE? O YES O NO							
O YES (PLEASE SPECIFY) O NO		O YES							
EXISTING DELRAY BEACH BUSINESS WITH A VALID BUSINESS TAX RECEIPT (BTR)? (PROVIDE COPY, NOT ORIGINAL)									
O YES (LOCATION) PROPOSED USE(S) (SPECIFY USE TYPE IN BLANKS):	O No								
• • •	O DEDOON	AL CEDVIOL		OTHER:					
O RESTAURANT (IF YES, SEE BELOW) O RETAIL O OFFICE: RESTAURANT (PLEASE CHECK ALL THAT APPLY & INCLUDE PLAN OF TENANT SPACE WITH									
·	1 ALL SEATING AREA	· 1	OHOL SERVED (APPLICA	,					
O N/A		_	O ALCOHOL SERVED (FO	•					
O Counter Service (Indoor Seating) O Counter Service (No Indoof	R SEATING)	O A	O ALCOHOL SERVED (FOR SALE OR COMPLIMENTARY)						
O TABLE SERVICE			O WINE AND BEER ONLY						
O OUTDOOR SEATING, WITHIN PROPERTY (INCLUDE ON PLAN & WITH FLOOR AREA/	SQUARE FOOTAGE):	Type	O FULL-SERVICE BAR TYPE OF LICENSE						
NOTE: SEPARATE SIDEWALK CAFÉ PERMIT APPROVAL IS REQUIRED FOR OUTDOOR SEATING IN FRONT & ON F	PUBLIC PROPERTY.								
DETAILED BUSINESS DESCRIPTION (MERCHANDISE SOLD, SERVICES PROVIDED, # OF EMPLOYEES, E	TO ATTACH DECORIDINA		Alcoholic beverages shall not be sold at any establishment located within 300 feet of an established school or church: this restriction						
NECESSARY.)	TC. ATTACH DESCRIPTION	1, AU	does not apply to grocery stores and restaurants [4.3.3(V)(3)]						
		Days	& Hours of Opera	TION:					
		Days	of Week:						
			of Week:	y through Friday					
		Hours	s:	A14 FD14					
	Busine	i.e., 9AM – 5PM Business hours between Midnight & 5am require a Conditional Use							
			val if within 300 feet of resid	•					
PART TWO APPLICANT INFORMATION (Note: This is the ONLY way to conta	ct you. Please ma			and clearly written)					
Name:		PHO	ONE:						
Mailing Address:		Ем	ΔΙΙ ·						
MAILING ABBRESS.			-uL.						
PART THREE AFFIDAVIT		** N	OTARIZATION REQUIR	ED PRIOR TO SUBMITTAL**					
·									
STATE OF COUNTY OF IDENTIFICATION	ON SHOWN		PERSONALLY F	KNOWN TO ME					
THE UNDERSIGNED BEING FIRST DULY SWORN, DEPOSES THAT HE/SHE IS THE				•					
AND THAT MATTERS AND FACTS STATED IN THIS APPLICATION ARE TRUE TO HIS/I									
FOR THE PURPOSES OF OBTAINING A ZONING CERTIFICATE OF USE PRIOR TO AGREES TO SITE AND PROPERTY INSPECTIONS BY CITY STAFF FOR PURPOSES A				,					
SITE OR ELEVATION MODIFICATIONS AND/OR ASSOCIATED SIGNAGE FOR THE E									
NOTE: THIS ZONING CERTIFICATE OF USE GRANTS ZONING APPROVAL ONLY . IT IS THE APPLICANT'S RESPONSIBILITY TO CONFIRM IF THE PROPOSED USE IN THE									
SUBJECT TENANT SPACE COMPLIES WITH THE BUILDING AND FIRES CODES PRIC	R TO OCCUPANCY	Y.							
(SIGNATURE) (PRINT NAME)			(N	OTARY SEAL)					
SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF	20	_							
Ditt of	, 20	·							
 (Signature)	_		(NAME, PRINTED OR TY	(PED)					
NOTARY PUBLIC, STATE OF	No	TARY PUBLIC, S	TATE OF						

PART FOUR OFFICE USE ONLY (DO NOT FILL IN BELOW)									
PLANNING & ZONING REVIEWER:		PROPOSED USE CLASSIFICATION (As in LDR):			PRIOR USE:				
ZONING DISTRICT:	CBD REQUIRED RETAI	ETAIL FRONTAGE?		L FRONTAGE? COMPLIES WITH PARKING REQUIREM		MENT? PARKING SPACES		REQUIRED / PROVIDED	
	OYES ONO			OYES ONO		I			
DEVELOPMENT SERVICES D	IRECTOR (OR DESIGNEE)	AF	PPRO	OVED USE CLASSIFICATION	APPRO	VED?	APPROVAL DATE		
·									
				ONo		VALID UNTIL			
					OYES,	WITH CONDITIONS	-		
Course of Annay									
CONDITIONS OF APPROVAL (CONDITIONS MUST BE MET PRIOR TO ISSUANCE OF A BTR):									
REASON FOR DENIAL (PLEASE DETAIL REASON AND WHAT CORRECTIVE ACTION, IF ANY, MAY BE TAKEN)									
0									
STAFF NOTES:									

REQUIRED FEE AND DOCUMENTATION

O FEE: \$50 (CHANGE IN TENANT ONLY WITH NO CHANGE IN USE) OR \$150 (CHANGE IN TENANT AND/OR CHANGE IN USE); PLEASE MAKE CHECKS PAYABLE TO THE CITY OF DELRAY BEACH O COMPLETED APPLICATION: ORIGINAL SIGNATURES MUST BE PROVIDED; COPIES WILL NOT BE ACCEPTED.

O SURVEY SHOWING ALL EXISTING SITE IMPROVEMENTS, IF APPLICABLE

O FLOOR PLAN SHOWING ALL AREAS (LABELED) ASSOCIATED WITH THE PROPOSED USE

NOTE: PLANS AND EXHIBITS ARE LIMITED TO 11"X17". UPON REVIEW OF THE SUBMITTAL PACKAGE, CITY STAFF MAY REQUEST ADDITIONAL INFORMATION AND/OR EXHIBITS TO ASSIST IN THE REVIEW.

SUPPLEMENTAL INFORMATION

What is a Zoning Certificate of Use?

A Zoning Certificate of Use is required for every new business, change in business name/location, or an add-on business to verify the zoning for the proposed business. Non-conformities may be identified during the review process, which could require compliance by occupant/owner. Approval is granted for the requested use at the specified location <u>prior to the issuance of a Business Tax Receipt</u>. All information on the approved Zoning Certificate of Use **MUST** be consistent with the associated Business Tax Receipt. Note: An approved Business Tax Receipt is required prior to further approvals and licenses by Palm Beach County.

How do I find the Parcel Control Number (PCN) for my tenant space?

This information can be found at pbcgov.org/papa.

How do I find the Prior Tenant / Use information for my tenant space?

The Prior Tenant / Use information <u>MUST</u> be completed. <u>DO NOT WRITE N/A</u>. To find the information, please contact the property owner, property manager, or your realtor. If they do not have the information available, please contact a Planner at (561)-243-7040 for assistance.

What is the difference between "Gross" and "Net" floor area?

Gross floor area includes all interior square footage, measured from the exterior walls.

Net floor area is the gross floor area, excluding elevator and other mechanical shafts, stairwells, mechanical equipment, parking areas, common (shared) restrooms, lobbies, and hallways. Net floor area is applicable to non-medical office uses.

How do I find out if my business use is permitted for my location?

The City's Zoning Map can be found at <u>delraybeachfl.gov</u> within the Development Services Department page; you can locate your property on the map to find the zoning district designation. The permitted uses for each zoning district are listed at <u>municode.com</u>.

How long is the approval of this Zoning Certificate of Use valid?

An approved Zoning Certificate of Use is valid for 180 days; the original and approved Zoning Certificate of Use must be submitted with the Business Tax Receipt application. If a Business Tax Receipt application has not been submitted within 180 days of approval by the Development Services Director, a new Zoning Certificate of Use must be requested, and a new fee will be required.

What happens if my request is approved with conditions or denied?

Requests that are approved with conditions will not receive a Business Tax Receipt until confirmation is provided by the Planning & Zoning Division that the required conditions have been met. Requests that are denied have 90 days to address the identified corrective action(s); a new application and fee will be required if the corrective action(s) is not completed within 90 days.

THE PROCESSING TIME FOR A ZCU IS APPROXIMATELY 10 BUSINESS DAYS (TWO WEEKS).

IF YOU HAVE NOT RECEIVED AN EMAIL AFTER 10 BUSINESS DAYS, PLEASE CONTACT (561) 243-7040 FOR A STATUS UPDATE.