



## City of Miramar | Building Division

Community Development Department  
2200 Civic Center Place | Miramar, Florida 33025  
Tel: 954.602.3200 | Fax: 954.602.3635  
www.miramarfl.gov

# ZONING CERTIFICATE OF USE

**Zoning Certificate of Use Required (Land Development Code, Section 321.1.2)** *No building, location, or structure used for the purpose of exercising the privilege of doing business within the city limits shall be used or occupied for any business, profession or occupation without first obtaining a ZCU pursuant to this LDC. Businesses, professions or occupations which are subject to the requirement for a business tax receipt (BTR) pursuant to section 11-27 of the Code of Ordinances shall be subject to the ZCU requirement. **Multi-family residential, group homes, and special residential care facilities are also subject to the ZCU requirement.***

**Prior to City approval, the approval from Broward Planning & Management Division may be required . For this requirement, read the "Requirements for Change of Use and Occupying an Existing Building (See attached information)**

### APPLICATION CHECKLIST

- Signed and completed application (Attached). Application shall be notarized.
- In the application, a complete description of your business must be provided, which should include all services offered and how they will be provided (Use extra page if needed).
- Application Fee (\$150.00. Effective Nov. 1, 2016).** Payment can be made with check payable to the City of Miramar. Other types of payment (debit card, credit card Visa or MasterCard) are acceptable; however, we prefer the check payable to the City of Miramar. **Collected fee for this purpose is non-refundable.**  
**(\*) BE AWARE THAT THE FIRE DEPT. MAY CHARGE ADDITIONAL FEES FOR REVIEW PROCESS. FOR MORE INFORMATION, YOU MAY CONTACT THE FIRE DEPT. AT 954-602-4802. [miramarfire@miramarfd.org](mailto:miramarfire@miramarfd.org)**
- Provide one (1) set of architectural floor plan showing rooms, bathrooms, interior partitions, and any other dedicated spaces. In general, architectural plans shall be of sufficient clarity to indicate the nature and extent of the proposed business.

Also, the following apply:

- a. For restaurants cafeteria and/or other food services to the public, seat - tables distribution layout shall be provided indicating maximum capacity of persons in the business.
- b. For Hazardous material storage, a complete list of the hazardous material shall be provided.
- c. Based on the type of business, and building area, an approval from Broward County Development & Environmental Dept. will be required (See attached Information)
- d. Other regulations may apply as per City's Land Development Code, and the Florida Building Code based on the type of business, use and occupancy.

### PROCEDURES FOR ISSUANCE

- a. Planning & Zoning Division will verify Zoning District and Use Classification.
- b. After the submitted information is verified and approved, then mandatory inspections (5) shall be scheduled. The inspections shall be scheduled before 3:00 p.m. for the next available working day.  
For inspection information call 954-602-3200.  
**(\*) BE AWARE THAT THE FIRE DEPT. MAY CHARGE ADDITIONAL FEES FOR INSPECTION PURPOSE. FOR MORE INFORMATION, YOU MAY CONTACT THE FIRE DEPT. AT 954-602-4802 [miramarfire@miramarfd.org](mailto:miramarfire@miramarfd.org).**
- c. When all the required inspections are completed, email the inspection log to [pandz@miramarfl.gov](mailto:pandz@miramarfl.gov). After that, a Planning & Zoning Division staff will contact you when the Zoning Certificate of Use is ready to pick up.



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## APPLICATION FOR CERTIFICATE OF USE

APPLICATION No

### TO BE COMPLETED BY APPLICANT

Type of Application:  New Business  Transfer of Ownership  Change of Business Location

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite No. \_\_\_\_\_

Email: \_\_\_\_\_

City: Miramar State : FL Zip Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Square Footage of Building/Space: \_\_\_\_\_ Are any tenant improvements currently proposed?  Yes  No  
*(If yes, a building permit application must be submitted)*

Is there any existing or proposed commercial signage for this location  Yes  No

Describe your business in detail.(i.e. type of business, specify service provided by your business, occupant load, etc.)

Type of Business:		Occupant Load: _____ <i>(The total number of persons that might occupy a building or portion thereof at any one time).</i>
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Service provided by the Business:

Business Owner/Agent (Print Name) \_\_\_\_\_

Business Owner Address : \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail: \_\_\_\_\_

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION FOR A ZONING CERTIFICATE OF USE AND ALL ATTACHMENTS TO THE APPLICATION AND THAT THE FACTS STATED IN IT ARE TRUE.**

\_\_\_\_\_  
 Business Owner or Owner Representative

\_\_\_\_\_  
 Date

State of \_\_\_\_\_.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the person whose name is subscribed to within this instrument, personally appeared before / personally known to me, the undersigned Notary Public of the State of Florida, and he / she acknowledges that he / she executed it.

Notary Public \_\_\_\_\_

### TO BE COMPLETED BY ZONING DIVISION STAFF

File No. \_\_\_\_\_ Folio # \_\_\_\_\_ Zoning District: \_\_\_\_\_ Land Use : \_\_\_\_\_

### HISTORY / RESEARCH

Source	Status	Description	Reviewer

Approved pending C.U. inspections  Approved with conditions: \_\_\_\_\_

Signature of Staff: \_\_\_\_\_ Date: \_\_\_\_\_



# ZONING CERTIFICATE OF USE APPLICANT INFORMATION

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

CONTACT PERSON NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### PLEASE READ BEFORE SCHEDULING INSPECTIONS

INSPECTIONS WILL BE AT THE PROPOSED BUSINESS LOCATION FROM 8:00 A.M. TO 4:00 P.M., THE DATE OF THE INSPECTIONS. APPLICANT IS ENTIRE RESPONSIBLE TO SCHEDULE THE INSPECTIONS AND SOMEONE MUST BE PRESENT DURING THE INSPECTIONS HOURS. INSPECTIONS SHALL BE SCHEDULED BEFORE 3:00 P.M., AND THE INSPECTIONS WILL BE SCHEDULED FOR THE NEXT AVAILABLE DAY. A RE-INSPECTION FEE WILL BE CHARGED FOR EACH INSPECTION YOU MISS OR FAIL. ALSO, THE FIRE DEPT. MAY CHARGE ADDITIONAL FEES FOR RE-INSPECTION FEES FOR MISSED OR FAILED INSPECTIONS.

***TO SCHEDULE THE INSPECTIONS, PLEASE 954-602-3200.***

Mandatory Inspections		
801 – Fire Marshall	921- Mechanical (HVAC)	945 – Zoning <sup>(a)</sup>
910 - Electrical	931- Plumbing	999- Structural

The following is a list of information that will assist you in preparing for the inspection and addressing common code related problems prior to the inspection:

1. A six (6') feet high ladder must be made available for inspectors to check above ceiling tiles.
2. A flashlight should be available in case of lighting is not available or electricity is not on.
3. Address numbers must be on front door and back of the building. These must be a minimum 8" high with contrasting colors so they can be seen. Interior or Exterior Bay or Suite numbers shall comply with building standards.
4. If the parking lot is in a state of disrepair, it will need to be brought up to standards and repairs will have to be coordinated with the Engineering Department and Zoning Division.
5. An enclosure is required for dumpsters. Specifications are available from the Zoning Division.
6. All sites must be clean; any and all debris must be removed before the Zoning Division signoff.
7. The building must be in good shape, if it needs painting or any other repairs to bring the appearance to acceptability, it must be done with Zoning Division approval.
8. All existing signage depicting former tenant's name must be removed. All new signage will need to be installed with proper permits and Zoning approval.
9. The applicant is reminded that any code violations found by any discipline relating to the Florida Building Code, Miramar Land Development Code and any Fire Code provisions, must be corrected and re-inspected prior to Final Inspection on your permit.
10. Failed inspections must be corrected and re-inspected within 10 working days of violations.
11. Attached Inspections Log must be available on site. Inspections (5) shall be completed and approved as a requirement to issue the Zoning Certificate of Use. ***Please, when all inspections are completed, contact the Building Division at 954-602-3217 or email the inspection log to [jsegarra@miramarfl.gov](mailto:jsegarra@miramarfl.gov).***

***A Building Division staff will contact you when the Zoning Certificate of Use is ready to pick up.***



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# INSPECTIONS LOG ZONING CERTIFICATE OF USE

ZCU APPLICATION #

**WHEN ALL INSPECTIONS ARE COMPLETED AND APPROVED, EMAIL THIS INSPECTION LOG TO THE FOLLOWING:**  
[jsegarra@miramarfl.gov](mailto:jsegarra@miramarfl.gov)

<b>801 FIRE MARSHALL</b>	<input type="checkbox"/> Approved by : _____	Date: _____
<input type="checkbox"/> Disapproved - Date _____ See Comment →		
<input type="checkbox"/> Disapproved - Date _____ See Comment →		
<b>910 ELECTRICAL</b>	<input type="checkbox"/> Approved by : _____	Date: _____
<input type="checkbox"/> Disapproved - Date _____ See Comment →		
<input type="checkbox"/> Disapproved - Date _____ See Comment →		
<b>921 MECHANICAL</b>	<input type="checkbox"/> Approved by : _____	Date: _____
<input type="checkbox"/> Disapproved - Date _____ See Comment →		
<input type="checkbox"/> Disapproved - Date _____ See Comment →		
<b>931 PLUMBING</b>	<input type="checkbox"/> Approved by : _____	Date: _____
<input type="checkbox"/> Disapproved - Date _____ See Comment →		
<input type="checkbox"/> Disapproved - Date _____ See Comment →		
<b>945 ZONING</b>	<input type="checkbox"/> Approved by : _____	Date: _____
<b>FOR ZONING INSPECTION, PLEASE EMAIL PHOTOS (PICTURES) FOR THE INTERIOR AND EXTERIOR OF THE BUSINESS TO: <a href="mailto:pandz@miramarfl.gov">pandz@miramarfl.gov</a></b>		
<b>999 STRUCTURAL</b>	<input type="checkbox"/> Approved by : _____	Date: _____
<input type="checkbox"/> Disapproved - Date _____ See Comment →		
<input type="checkbox"/> Disapproved - Date _____ See Comment →		