



\$ _____ FEE

City of Mascotte

CERTIFICATE OF USE/USE PERMIT

Purpose – The City of Mascotte believes that before a business can commence operations in Mascotte, the business should be safe for occupancy and the building or premises should be free of code violations. This inspection is not comprehensive with regard to assuring compliance with all of the codes, but it is fairly important to note that the inspection often times uncovers code violations that must be corrected.

Please do not use this process if alterations or a change of occupancy, as defined by the Florida Building Code, occur as a building permit application and associated construction documents shall be submitted instead.

Procedure – In order for you to obtain a certificate of use/use permit, you must complete the application as included in this packet. Please submit a floor plan showing the layout of the building and the egress path(s). List any hazardous materials or list any other materials that are going to be stored or produced on site. Once the city issues the permit, you can request an inspection.

Scope of Inspection – The scope of the inspection deals with emergency systems such as emergency lighting, fire extinguishers and exit signs. These devices will be subject to testing in accordance with applicable codes. The inspection will also deal with egress and ingress issues and accessibility issues as they relate to the particular structure. Doors shall be of proper size with appropriate hardware, accessible ramps and parking spaces should also be provided if required by code. Restrooms according to provisions of the code must be available and in working order. The electrical system must be free of hazards. In addition, the inspector will also be checking for Back Flow protection devices. This may require installation of a back flow device at the water service by a licensed plumbing contractor.

Failed Inspections – If the inspection is not approved, the inspector will make the determination as to whether a permit is required to correct the violation(s). Depending on the scope of work, a contractor may be needed to make the associated improvements.

Passed Inspections – Once the inspection is approved, you will be issued a certificate of occupancy and may open for business. If you have any further questions, please feel free to contact the City of Mascotte Building Department.

Building Services
100 E. Myers Blvd.
Mascotte, FL 34753
352-557-8816



City of Mascotte

PERMIT # _____

CERTIFICATE OF USE/USE PERMIT APPLICATION PACKAGE

THIS IS DESIGNED TO EXPEDITE THE PERMITTING AND INSPECTION OF YOUR PROPOSED BUSINESS LOCATION. PLEASE COMPLETE THIS FORM TO THE BEST OF YOUR KNOWLEDGE. IT IS IMPORTANT TO PROVIDE AS MUCH INFORMATION ABOUT THE BUSINESS AND THE LOCATION WHERE BUSINESS WILL BE CONDUCTED AS POSSIBLE. THE MORE ACCURATE THE INFORMATION, THE LESS LIKELY YOU WILL ENCOUNTER DELAYS.

BUSINESS NAME: _____

PROPOSED SITE ADDRESS: _____

PROPERTY OWNER: _____ PHONE: _____

TENANT NAME: _____ PHONE: _____

CURRENT ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMAIL: _____

PROPOSED BUSINESS DESCRIPTION: _____

PREVIOUS BUSINESS ACTIVITY: _____

AREA IN SQUARE FEET OF THE BUSINESS: _____

AREA IN ACRES OF THE EXISTING SITE: _____ # OF PARKING SPACES: _____

DO YOU HAVE IDENTIFIED ACCESSIBLE PARKING SPACES THAT MEET THE BELOW REQUIREMENTS?

_____ YES _____ NO IF YES, HOW MANY? _____

Each parking space must be at least 12 feet wide. Parking access aisles must be at least 5 feet wide and must be part of an accessible route to the building or facility entrance. The access aisle must be striped diagonally to designate it as a no-parking zone. 2.

MAXIMUM OCCUPANT LOAD: _____

IS THERE AN EXISTING FIRE ALARM? Y N

IS THERE AN EXISTING FIRE SPRINKLER? Y N

HOW MANY EMPLOYEES DO YOU EXPECT TO HAVE WORKING DAILY? _____



City of Mascotte

IF THIS IS A MULTI-TENANT BUILDING, PLEASE PROVIDE A FLOOR PLAN WHICH SHOWS YOUR PROPOSED BUSINESS AND THE BUSINESS THAT ARE ON ALL SIDES OF YOUR PROPOSED BUSINESS. SEE ATTACHEMENT 1 FOR AN EXAMPLE.

WILL YOU BE ADDING OR ALTERING ANY ELECTRICAL MECHANICAL OR PLUMBING SYSTEMS? Y N

EXISTING ELECTRICAL SERVICE SIZE AMPERE RATING: _____ VOLTAGE: _____
IS AN UPGRADE PLANNED? Y N

PLEASE INDICATE IF ANY OF THE SPECIAL OCCUPANCY GROUPS IS PLANNED FOR THIS BUILDING:

1. HAZARDOUS LOCATIONS: Y N
2. COMMERCIAL GARGES, REPAIR AND STORAGE: Y N
3. AIRCRAFT HANGARS: Y N
4. GASOLINE DISPENSING AND/OR DISPENSING STATIONS: Y N
5. BULK STORAGE PLANTS: Y N
6. SPRAY APPLICATION, DIPPING AND COATING PROCESS: Y N
7. HEALTH CARE FACILITY: Y N
8. PLACE OF ASSEMBLY: Y N
9. THEATRES: Y N
10. MOTION PICTURE PROJECTOR ROOMS: Y N

OWNER SIGNATURE: _____ DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____



City of Mascotte

John's Auto Repair	Mark IV Services
My Business 1200 Square Feet	Paco's Auto Body
Jennifer's Restaurant	Jose' Deli

Attachment 1