



\$ _____ FEE

City of Mascotte

CERTIFICATE OF USE APPLICATION

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. A certificate of use does not permit an expansion of a legally nonconforming use, unless otherwise permitted by this Code. If a legally nonconforming use is discontinued for a period of six (6) months, the use will no longer be permitted under a certificate of use.

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 are submitted instead.

Procedure – In order for you to obtain a certificate of use, 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. Where a building permit is required, the provisions of a certificate of use must be part of the building permit application review and approval process. For new uses, additional information as determined by the city manager or his/her designee may be required, including a site plan, master plan, and survey. Once the city issues the certificate of use, you can request a fire inspection.

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



City of Mascotte

PERMIT # _____

CERTIFICATE OF USE 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 the 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: _____

Proposed hours of operation: _____

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



City of Mascotte

How many employees do you expect to have working daily? _____

If this is a multi-tenant building, please provide a floor plan which shows your proposed business and the business(es) that are on all sides of your proposed business. See attachment 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 garages, 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

A complete application must include or be accompanied by verification that the applicant is the owner or has owner authorization and must detail all primary and accessory uses. ***(include ownership affidavit when submitting application)***

Owner signature: _____ date: _____

Applicant signature: _____ date: _____



Ownership Affidavit

For Land Development, Site Improvements, or Occupancy

www.cityofmascotte.com

(return to City Clerk via mail, e-mail, or hand delivery)

Project/Business Name (must match project or business name)	
I, _____ (“Applicant”), being sworn and under oath, say:	
1. That I have full authority to execute this Ownership Affidavit on behalf of the below-named Owner.	
2. That I am the authorized representative of the Owner, requesting approval for the application this affidavit is attached to on the real property located at:	
Property Address:	
3. That the Owner has given full and complete permission for me to act on its behalf to seek the land development approval as set out in the accompanying application(s).	
4. That the Owner has fee simple ownership in the property described in the attached verified legal description for or address supplied by the Applicant.	
<i>I further state that I am familiar with the nature of an oath and with the penalties as provided by federal and state law for falsely swearing to statements made in a document of this nature and understand that any and all approvals by the City of Mascotte on the real property described herein may become null and void for falsely swearing to statements made in this Affidavit. I further certify that I have read and understand this Affidavit.</i>	
APPLICANT _____ Applicant Signature (above) Print Name: _____ STATE OF _____ COUNTY OF _____ The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 20____ by _____ Personally Known OR Produced Identification Type of Identification: _____ _____ Notary Public Signature (above) My Commission Expires: _____	OWNER _____ Property Owner Signature (above) Print Name: _____ Title: _____ STATE OF _____ COUNTY OF _____ The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 20____ by _____ Personally Known OR Produced Identification Type of Identification: _____ _____ Notary Public Signature (above) My Commission Expires: _____



City of Mascotte

Attachment 1

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

Attachment 1