



STEPS FOR OBTAINING A CERTIFICATE OF USE FOR THE CITY OF WESTON

1. Application:

A Certificate of Use application is to be submitted to City of Weston, Building Code Services, **17250 Royal Palm Boulevard, Weston, FL 33326**. The application **must** be completely filled out and **notarized**.

2. Submission:

An original application, along with payment by check, payable to the **City of Weston**, or credit card in one of the following amounts:

Commercial Address/Business	\$524.00
Home Occupation	\$50.00
Change of Owner/Business Name	\$35.00
Reissue Certificate Fee	\$10.00

3. Inspections:

An application number will be assigned and all required inspections will be coordinated by the Certificate of Use Coordinator. Inspections by Mechanical, Electrical, Plumbing, Structural Inspectors as well as the Fire Marshal will be scheduled on the same day whenever possible. Access to the interior of the space must be provided. Inability to access the site will result in a failed inspection and a re-inspection fee. If you must cancel an inspection you will need to call 954-385-0500 at least three (3) working days in advance of the appointment to reschedule. These inspections determine if your space meets Florida Building Code and Weston zoning requirements for the use intended. **Inspections are performed Monday through Friday between 8:00 a.m. and 4:00 p.m. There are no specified or assigned times for inspections.**

4. Re-inspections:

If an inspection does not pass, you will be provided with the reason(s) and the corrective action(s). Each subsequent inspection as a result of a failed or missed inspection will result in a re-inspection fee. **All re-inspection fees must be paid before the inspection is scheduled. There are no refunds.**

Re-inspection fees per City of Weston Schedule of Fees (October 1, 2014)

Mechanical	\$277.00	Plumbing	\$277.00
Electrical	\$277.00	Structural	\$277.00
Fire Marshal	\$224.00		

5. Application Approval:

After your inspections have been approved, a Certificate of Use will be issued and available for pick-up at Building Code Services. There is approximately a five (5) business day wait to pick up the Certificate of Use after the inspection is approved. **It is the applicant's responsibility to call Weston Building Code Services (954-385-0500) to confirm the Certificate is available.**



APPLICATION FOR CERTIFICATE OF USE

Certificate of Use Number: _____ **Amount \$** _____
Inspection Date: _____ **Special Instructions:** _____

(Above this line for **OFFICE USE ONLY**)

Location Type: **Commercial** **Residential**

Category: **New Business** **Business Name Change** **Owner Name Change**
 Joint Occupancy **Change of Use or Occupant** **Business Address Change**
 Reissue Certificate*

***The Reissue Certificate fee is for a duplicate of the Certificate on file, no changes allowed, i.e., names, addresses, etc.**

BUSINESS OWNER INFORMATION

Business Name or D/B/A (if applicable): _____
(This name must match signage, if applicable)

Business Owner/Corporation/Partnership: _____

Business Address: _____ **SUITE #** _____
Weston, Florida _____

Business Phone: _____ **Other Phone:** _____ **Fax #:** _____

E-Mail: _____ **Contact Person's Name:** _____

Type of Business: **Office** **Retail** **Warehouse or Wholesale** **Restaurant**
 Home Occupations **Other**

Building Permit # (If there was any new construction or renovation): _____

For Restaurants or similar, please specify numbers of tables and seats: _____

Square Footage of the Tennant Space: _____

PARCEL OWNER INFORMATION (Office Use Only)

Name (if different from business owner): _____

Folio Number: _____

Mailing Address: _____

Business Name: _____

Zoning District: _____

Comments: _____

Limitations: _____

(Residential offices should be listed as **"Residential Business Office"**, for clarification of requirements see the City of Weston Code of Ordinances, Chapter 80.01 Home Occupations.)

Business Name: _____

Please describe, in detail, the nature or type of business to be conducted on these premises: _____

Number of employees working at this location (include yourself): _____

Hours of Operation: _____

Will commercial vehicles and/or equipment be parked and/or stored at this location? Yes _____ No _____

If yes, please list the number and type of vehicles and/or equipment: _____

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

Will Outdoor Seating be provided? Yes _____ No _____

If yes, an Outdoor Seating License is required. A downloadable application and instructions are available at www.westonfl.org.

Has an application for a Business Tax Receipt been submitted to City Hall? Yes _____ No _____

If no, a downloadable application and instructions are available at www.westonfl.org. A current City of Weston Business Tax Receipt is required of any person engaging in business within the City.

I certify that I have read the Requirements and the information I have provided is accurate and true.

Authorized Signature _____

Please Print Name _____ Date _____

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____ day of _____,
20____ by _____.
(Name of Person)

(NOTARY SEAL HERE)

SIGNATURE NOTARY PUBLIC, State of Florida

Personally known _____ or produced identification _____

Type of identification produced: _____