



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

### **1. Application:**

Permit applications can be submitted using the City of Weston's [e-Permit Portal](https://permits.westonfl.org/aca/default.aspx) ( <https://permits.westonfl.org/aca/default.aspx> ). Click on "Apply" in the top menu and select "Certificate of Use". Complete the online form and upload a signed and notarized PDF of the Certificate of Use application.

### **2. Online Submission:**

An original application, along with payment by credit card in one of the following amounts:

Commercial Address/Business	\$800.00
Change of Owner/Business Name	\$35.00
Reissue Certificate Fee	\$10.00
Inspection Fee per Discipline (if applicable)	\$200.00

### **3. Inspections:**

With the submission of the Certificate of Use Application and payment of the applicable fee, an application number will be assigned, and all required inspections will be coordinated by the Certificate of Use Coordinator. Inspections by various disciplines including Mechanical, Electrical, Plumbing, Structural Inspectors as well as the Fire Marshal will be scheduled on the same business day whenever possible. In the event there has been a building permit issued for a commercial interior build-out/renovation where all disciplines have inspected the property with a Final Inspection, no Certificate of Use application fee is required. However, if one or more disciplines did not perform a Final Inspection as part of the building permit, those individual inspections are required for the Certificate of Use. Access to the interior of the space must be provided. Inability to access the site will result in a failed inspection and a potential re-inspection fee. If an inspection must be cancelled, the applicant 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, Florida Fire Safety Codes 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. Application Approval:**

After your inspections have passed, an email will be sent to the applicant letting them know that the application has been issued. The applicant will then be able to log into their account in the e-Permit Portal and print the Certificate of Use.



**APPLICATION FOR CERTIFICATE OF USE**

Certificate of Use Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

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

**Location Type:**  Commercial  Industrial

**Category:**  New Business  Business Name Change  Owner Name Change  
 Joint Occupancy  Change of Use or  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.

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**BUSINESS OWNER INFORMATION**

Business Name or D/B/A (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Business Owner/Corporation/Partnership: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Weston, Florida \_\_\_\_\_ **SUITE #** \_\_\_\_\_

Business Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Contact Person's Name: \_\_\_\_\_

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**Type of Business:**  Office  Retail  Warehouse or Wholesale  Restaurant  
 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 Tenant Space:** \_\_\_\_\_

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**PARCEL OWNER INFORMATION (Office Use Only)**

Name (if different from business owner): \_\_\_\_\_

Folio Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Zoning District: \_\_\_\_\_

Comments: \_\_\_\_\_

Limitations: \_\_\_\_\_

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**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? (Ex. Restaurant) Yes\_\_ No \_\_

If yes, an Outdoor Seating License is required. A downloadable application and instructions are available at [www.westonfl.org](http://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](http://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.

Business Owner/Authorized Signer Name (Please Print)

Property Owner (Please Print)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature

Signature

STATE OF FLORIDA )  
COUNTY OF BROWARD )

STATE OF FLORIDA )  
COUNTY OF BROWARD )

The foregoing instrument was acknowledged before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_, by

The foregoing instrument was acknowledged before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_, by

\_\_\_\_\_  
(Name of person acknowledging) as

\_\_\_\_\_  
(Name of person acknowledging) as

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)

for \_\_\_\_\_.  
(Company name)

for \_\_\_\_\_.  
(Company name)

Personally known to me \_\_\_\_\_ or has produced Identification \_\_\_\_\_, type of identification produced \_\_\_\_\_.

Personally known to me \_\_\_\_\_ or has produced Identification \_\_\_\_\_, type of identification produced \_\_\_\_\_.

(NOTARY SEAL HERE)

(NOTARY SEAL HERE)

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINT, TYPE/STAMP NAME OF NOTARY

\_\_\_\_\_  
PRINT, TYPE/STAMP NAME OF NOTARY

**For Office Use Only:**

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICATION / PERMIT ISSUED BY:  
\_\_\_\_\_