



## CERTIFICATE OF USE APPLICATION

201 W. Central Ave., P.O. Box 1320, Lake Wales, FL 33859-1320 Phone: (863) 676-5112 ext. 251 - Fax (863) 678-4050 Email: CAdams@lakewalesfl.gov

Application Type:  ☐ New (Use) Building	☐ Additional Practiti	oner   Change	e of Use	
☐ Change of Location	ocation   Replacing Practitioner   Change of Ownership			
☐ Home Occupation (App.	licant received home occ	cupation regulations Sec. 23	3 -348)	
<b>Business Information</b>				
Name of Business:		_Business Address:		
Owner's Name:		_ Mailing Address:		
Phone: Fax:		Email:		
Prior Use (if applicable):		_ Length of time vacant:		
Proposed Use:				
Current Business tax receip	t number (if applicable):	:		
<u>Miscellaneous</u>				
Building/ Unit #:	S/F:	Parki	ng Spaces:	
Number of employees:	nployees: Previous Address (if applicable):			
Property Owner Informa	tion*			
Name:		Address:		
Phone:	PID#:			
Signatures				
Applicant: Print	Sign	1	Date	
Property Owner Signature	if different)			
	Print	Sign	Date	
(*Copy of the executed lease agr	eement may substitute for sig	gnature or other notarized docum	ent: copy of deed may be required)	

\*Change of Use may require a Change of Occupancy through a Building Permit Application\*

## **OFFICE USE ONLY: Completion by Planning and Zoning Staff**

Zoning District:	Future Land Use:		
Permitted use:			
Special Exception Use Permit:   Yes  No If yes date approved:	Site Plan:   Yes   No  If yes date approved:		
Reviewed by:	Date:		
Comments or Conditions:			
Completion of required site improvements:   Yes  Impact fees – (additional is required?)	No If yes date approved:		
Planning and Zoning Approval:	Date:		
BUILDING AND FIRE REVIEW			
Courtesy Inspection Date:			
Building Permits Needed? Yes No			
INSPECTIONS FINAL			
Building Official	Date:		
Fire Marshal:	Date:		
Utility Inspector:	Date:		