



Resilient Environment Department  
**BUILDING CODE DIVISION | ZONING**

2307 West Broward Boulevard, Suite 300 • For Lauderdale, FL 33312 • 954-357-6644 • Zoning@broward.org

OFFICE USE ONLY

CU No. _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments, Conditions, & Limitations: _____ _____ _____
Inspection Date _____	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	
<input type="checkbox"/> New Building	<input type="checkbox"/> Business Name Change	<input type="checkbox"/> Owner Name Change	
<input type="checkbox"/> Joint Occupant	<input type="checkbox"/> Use/Occupant Change	<input type="checkbox"/> Other _____	

## Commercial - Industrial Certificate of Use Application

### Broward Municipal Services District (BMSD)

Pursuant to [Section 39-19 of the Broward County Zoning Code](#), the original Certificate of Use must be posted at the business location at all times. Failure to comply with conditions can result in the certificate being revoked.

Business Owner Information						
Business Owner/Corporation/Partnership				Business Name		
Address		Building	Bay/Suite	City		State Zip
Business Phone		Other Phone		Fax	Email	

Business Information
Detailed Description of Business
Number of company-owned vehicles/machinery/equipment the business owns or leases?
Number of company-owned vehicles/machinery/equipment related to the business parked/stored at the business?
Address of where company-owned vehicles/machinery/equipment and/or materials related to the business are parked and stored?
Number of employees working from/at this location?
Number of full-time, part-time, and contract workers that work for the company?
Address of any other place of business for employees, storage of company-owned vehicles, and/or materials and visitors?
Will customers visit this location? <input type="checkbox"/> Yes <input type="checkbox"/> No      Will there be signage at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No

Affidavit						
I certify that I have read the requirements and information I have provided is accurate and true. I am authorized by the property owner to make this application.						
<table style="width: 100%;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Applicant Signature</td> <td style="width: 40%; border-bottom: 1px solid black;">Date</td> </tr> </table> <p style="text-align: center;"><b>NOTARY PUBLIC</b></p> <p><b>STATE OF FLORIDA, COUNTY OF BROWARD</b></p> <p>The foregoing instrument was acknowledged before me by the Affiant by means of <input type="checkbox"/> physical presence   <input type="checkbox"/> online notarization, this _____ day of _____, 20____, by _____.</p> <p><input type="checkbox"/> Personally Known or <input type="checkbox"/> Produced ID. ID Type: _____.</p> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Signature of Notary Public, State of Florida</td> <td style="width: 40%; text-align: center;">(NOTARY SEAL)</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Name of Notary Typed, Printed or Stamped</td> </tr> </table>	Applicant Signature	Date	Signature of Notary Public, State of Florida	(NOTARY SEAL)	Name of Notary Typed, Printed or Stamped	
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Signature of Notary Public, State of Florida	(NOTARY SEAL)					
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CASHIER VALIDATION

DO NOT  
WRITE  
IN THIS  
SPACE