



Public Works and Environmental Services Department

BUILDING CODE DIVISION | ZONING

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

OFFICE USE ONLY

CU No. _____

☐ Approved

☐ Denied

Comments, Conditions, & Limitations:

Inspection Date _____

☐ Commercial

☐ Industrial

☐ New Building

☐ Business Name Change

☐ Owner Name Change

☐ Joint Occupant

☐ Use/Occupant Change

☐ 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?	☐ Yes ☐ No
Will there be signage at this location?	☐ Yes ☐ 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.

Applicant Signature _____

Date _____

NOTARY PUBLIC

STATE OF FLORIDA, COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by the Affiant by means of

☐ physical presence | ☐ online notarization, this _____ day of _____, 20_____,
by _____.

☐ Personally Known or ☐ Produced ID. ID Type: _____.

Signature of Notary Public, State of Florida

(NOTARY SEAL)

Name of Notary Typed, Printed or Stamped

CASHIER VALIDATION

DO NOT
WRITE
IN THIS
SPACE



Print

Certificate of Use Inspection Information

CERTIFICATE OF USE # _____

INSPECTION DATE _____

IMPORTANT INFORMATION ABOUT YOUR INSPECTIONS – PLEASE READ

In order for the Certificate of Use to be approved, your proposed location must be inspected for compliance with Building, Zoning, and Fire regulations. Broward County inspectors will be at your proposed location between 7:30am and 4:30pm the day of your inspection noted above. Someone must be present at the proposed location to allow the inspectors access between these times. A re-inspection fee will be charged for each inspector that cannot have access to the proposed location.

If you need to cancel/reschedule the inspections, you must notify the Departments noted below before 3:00pm the day before the inspection date. No refund of fees can be issued for cancellations made the day of inspections. The application fee for Certificate of Use includes a \$15.00 non-refundable processing charge.

This form must be present at the proposed location for inspectors to sign and note any comments or defects. This form is for your records and does not have to be returned for the issuance of your Certificate of Use. If you have any questions or need to cancel or reschedule the inspections, please contact:

Zoning: 954-357-6644
Fire Marshall: 954-831-8210

DEPARTMENT	INSPECTOR	DATE	COMMENTS/DEFECTS
ZONING			
BUILDING STRUCTURAL			
BUILDING ELECTRICAL			
BUILDING PLUMBING			
BUILDING MECHANICAL			
FIRE			

WE WILL NOTIFY YOU WHEN YOUR CERTIFICATE OF USE IS READY



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Rezoning Application Instructions and Checklist

Please read the following instructions carefully prior to filing your application.

The Process

1. Any rezoning request will be scheduled for a hearing before the Broward County Zoning Local Planning Agency (LPA) who will make a recommendation for approval or denial to the Board of County Commissioners.
2. Following the hearing by the LPA, a final hearing will be scheduled before the Board of County Commissioners, who may either accept or reject the recommendation of the LPA.

Before submitting this application, you should review it with the following sections:

Zoning Section

2307 West Broward Boulevard, Suite 300 • Fort Lauderdale, FL 33312
954-357-6644

Planning Section

1 North University Drive, Box 102 • Plantation, FL 33324
954-357-5657

Complete and submit your application with the following:

- ☐ Two current sealed boundary surveys (*if the property is undeveloped*) or two as-built surveys (*if the property is developed*) plus 18 copies of the survey (*boundary or as-built*) of the petitioned property indicating the gross and net acreage, legal description, all rights-of-way and easements of record.
- ☐ Proof of property ownership (*warranty deed*).
- ☐ Fee of **\$750** for each zoning district requested, except "Planned Development District" (*PDD*) and "Planned Employment Center" (*PEC*) for which the fee is **\$800** plus **\$15** per acre. **Please make checks payable to Broward County Board of Commissioners.** Checks must be drawn on a bank within Florida.
- ☐ A letter or document from the water and sewer provider indicating there is capacity available for any increased needs due to future development.
- ☐ A written explanation of how this application meets the criteria for [Section 39-30\(a\)\(1\)](#).

Petitioners, petitioner's agents, the owner of the subject property and all property owners within 500 feet (*1,000 feet in rural or agricultural areas*) of the petition area will be notified of all public hearings (*at least 10 days prior to LPA and County Commission hearings*). The petitioner or authorized agent is required to attend the hearings.



All information and case files concerning rezoning matters are of public record and available for inspection at our offices upon request.



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Application for Rezoning

Property Owner Information

Last Name		First Name		Middle Initial	Suffix
Address		City			State Zip
Phone	Mobile Phone		FAX	Email	

Authorized Agent Information

Last Name		First Name		Middle Initial	Suffix
Company Name			Title or Position		
Address		City			State Zip
Phone	Mobile Phone		FAX	Email	

Petitioner Information *(if different from owner)*

Last Name		First Name		Middle Initial	Suffix
Company Name			Title or Position		
Address		City			State Zip
Phone	Mobile Phone		FAX	Email	

Legal Description and Folio Number *(or indicate per attached survey)*

Proposed Zoning District(s)

1. _____ Acreage _____
2. _____ Acreage _____

Existing Zoning District(s)

1. _____ Acreage _____
2. _____ Acreage _____

Future Land Use Designation

1. _____ Acreage _____
2. _____ Acreage _____

Proposed Use of Property	Existing Use of Property
--------------------------	--------------------------

Residential/Commercial Flexibility



5% Residential to
Commercial



20% Industrial to
Commercial



20% Commercial to
Residential



Employment Center
to Commercial



Residential
Flexibility Units



Reserve
Units

Number of Units: _____

If plat is in process, please indicate number: _____

-UP- _____

If site plan is in process, please indicate number: _____

-SP- _____

Location and acreage of any contiguous property owned or controlled by the petitioner or owner of this property

Owner Certification

This is to certify that I am the owner of the property described on the attached survey and I have authorized the filing of this request. I understand that I or my representative must attend the hearing to present the case.

Owner's Signature

Print Name

NOTARY PUBLIC

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, the undersigned Notary Public, by means of ☐ physical presence or

☐ online notification, this _____ day of _____, by _____

who is: ☐ Personally Known to me, or ☐ Produced Identification Type of identification produced _____.

(NOTARY SEAL)

Signature of Notary Public-State of Florida

Name of Notary Typed, Printed or Stamped



Temporary Sign Permit Application

Business Information			
Name _____			
Address _____		City _____	State _____ Zip _____
Phone _____	Mobile Phone _____		Email _____
Owner/Corporate Officer _____			Title _____

Date(s)

From: _____ To: _____
(Maximum 14 days)

Type(s) of Sign(s)

- ☐ Banners/Flags/Pennants
☐ Balloon (Limit One)
☐ Sidewalk Signs (Limit Two)
☐ Trailer Sign (No Animation; Limit One)

Owner Certification

I certify that I am an authorized owner/agent/officer of the above described business and that I have read and understand the terms of any permit issued pursuant to this application as prescribed by the Broward County Zoning Code.

Authorized Signature

Print Name

NOTARY PUBLIC

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, the undersigned Notary Public, by means of ☐ physical presence or ☐ online notification, this _____ day of _____, _____, by _____
who is: ☐ Personally Known to me, or ☐ Produced Identification Type of identification produced _____.

(NOTARY SEAL)

Signature of Notary Public-State of Florida

Name of Notary Typed, Printed or Stamped

DIVISION USE ONLY

Zone _____ Folio No. _____ Permit No. _____

Current CU No. _____ Date Issued _____

Last Temporary Permit Expired _____ No. of Permits to Date _____ Violations? ☐ Yes ☐ No

Case No. _____ Status _____ Reviewed By _____ Date _____

☐ Approved ☐ Denied Permit Fee _____ Paid/Permit Issue Date _____ Exp. Date _____



Zoning Code Variance Application

Applicability

A Zoning Code Variance request applies only to properties located within the Broward Municipal Services District.

Process

1. A Zoning Code Variance request will be scheduled for a hearing before a hearing officer who shall conduct a quasi-judicial hearing, take testimony, and review documentary evidence.
2. At the conclusion of the quasi-judicial hearing, the hearing officer shall.
 - a. Deny or approve the Zoning Code Variance request or defer the variance request to a subsequent public hearing to be held not more than sixty (60) days after the originally scheduled hearing.
 - b. Render written findings of facts, in the form of an order, on all matters heard.

Submit this application along with the following:

- ☐ A current as-built survey, sealed by a surveyor or civil engineer registered in the State of Florida, defining the boundaries of the property for which the variance is requested, indicating all improvements on the property, including setbacks from property boundaries, and all easements and rights-of-way of record;
- ☐ A site plan indicating the proposed construction and indicating the areas for which the variance is requested; and
- ☐ Any other information necessary to explain the request.
- ☐ Fee:
 - ☐ \$400 for waiver of one section.
 - ☐ \$50 each additional section waiver.
- ☐ Proof of ownership of the property for which the variance is sought or if the applicant is not the owner, a written, notarized statement from the property owner that authorizes the application for the variance.
- ☐ A written explanation of how the application meets the following criteria of the Broward County Code of Ordinances, Chapter 39-Zoning, Section 39-40.-Considerations for Variances:
 - ☐ That there are unique and special circumstances or conditions applying to the property in question, or to the intended use of the property, that do not apply generally to other properties in the same district;
 - ☐ That any alleged hardship is not self-created by any person having an interest in the property or is the result of mere disregard for, or ignorance of, the provisions of the Code;
 - ☐ That strict application of the provisions of the Code would deprive the petitioner of reasonable use of the property for which the variance is sought.

Submit this application along with the following:

- ☐ That the Zoning Code Variance proposed is the minimum variance which makes possible the reasonable use of the property;
- ☐ That the granting of the Zoning Code Variance will be in harmony with the general intent and purpose of the Code and that such variance will not be injurious to the area involved or otherwise detrimental to the public welfare;
- ☐ That there exists changed or changing conditions which make approval of the Zoning Code Variance appropriate.

Public Notice

The applicant is responsible for providing public notice by posting a sign on the on the property at least twenty (20) days prior to the hearing.

The sign shall face, and be visible from, the street upon which the property is located. The sign shall be a minimum of two (2) feet by three (3) feet in size and shall be titled as follows:

**NOTICE OF QUASI-JUDICIAL PUBLIC HEARING
VARIANCE**

The sign shall include the petition number; the date, time, and location of the hearing; and the telephone number of Urban Planning Division, or successor agency.

The Petitioner shall provide a notarized affidavit to the Division, including a photograph of the posted sign, stating that the sign was posted and the date on which the sign was posted.

No permit shall be required for such sign. The sign shall remain posted on the property until an order has been rendered by the hearing officer.

AFFIDAVIT TO BROWARD COUNTY URBAN PLANNING DIVISION

I, _____, the applicant ("Affiant") requesting quasi-judicial public hearing for a Zoning Code Variance, affirms a sign has been posted on the property located at _____, on _____, which is at least twenty (20) days prior to the hearing date. The sign posted on the property, as shown in the photograph attached to this affidavit, contains the following public notice requirements:

**NOTICE OF QUASI-JUDICIAL PUBLIC HEARING
ZONING CODE VARIANCE
{petition number}
{date, time, location of hearing}
{phone number to contact Urban Planning Division}**

Name of Applicant

Date

Signature of Applicant (*requires notarization*)

**NOTARY PUBLIC
STATE OF FLORIDA
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me by the Affiant by means of

☐ physical presence | ☐ online notarization, this _____ day of _____, 20_____, by _____, of _____, on behalf of _____.

He/she ☐ is personally known to me | ☐ has produced _____ as identification.

Name of Notary Typed, Printed or Stamped

Signature of Notary Public – State of Florida

Notary Seal (or Title or Rank)

Serial Number (if applicable)