



**CITY OF WEST MIAMI**  
 901 S.W. 62nd AVENUE  
 West Miami, FL 33144

**APPLICATION FOR ZONING CERTIFICATE OF USE  
 ALL CATEGORIES**

**2022 – 2023**

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_  
 Property Address \_\_\_\_\_ Suite/Store No. \_\_\_\_\_  
 Trade/Firm Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing Office Address \_\_\_\_\_

**EMERGENCY 24 HR CONTACT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_**

Name of Property Owner (if different) \_\_\_\_\_  
 Address of Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Location of management office on-site: \_\_\_\_\_ Phone \_\_\_\_\_

Apartment Building or Duplex --- Number of Units \_\_\_\_\_ = Fee \$ \_\_\_\_\_

Hotel, Motel or Rooming House --- Number of Units \_\_\_\_\_ = Fee \$ \_\_\_\_\_

Retail/Wholesale Sales, Storage, Office Building, Take-Out Restaurants, Private School  
 Square Foot of Floor Area \_\_\_\_\_ = Fee \$ \_\_\_\_\_

Restaurants, Bars, Lounges --- Number of Seats \_\_\_\_\_ = Fee \$ \_\_\_\_\_

Private Hospital of ACLF --- Number of Beds \_\_\_\_\_ = Fee \$ \_\_\_\_\_

Accessory Use Certificate for Home Occupation \_\_\_\_\_ = Fee \$ \_\_\_\_\_

Vacation Rental Certificate of Use --- Number of Bedrooms \_\_\_\_\_ = Fee \$ 1,000.00 PER ORDINANCE 2019-11

Two persons per bedroom that contains one hundred (100) square feet or more, (counting only those rooms that meet the definition of bedroom herein), plus one person per bedroom that contains no less than seventy (70) square feet, but less than one hundred (100) square feet, (counting only those rooms that meet the definition of bedroom herein), plus two persons.

Upon receipt of your payment, the property will be inspected. You will be notified of any deficiencies. When the property has received and passed inspection, you will be issued a **ZONING CERTIFICATE OF USE, ACCESSORY USE and VACATION RENTAL USE CERTIFICATE** for the property.

I have read this application and I do freely and voluntarily state that the statements contained herein are true and correct.

Signed \_\_\_\_\_

*Note: see reverse for rate schedule of each use. Please make checks payable to the CITY OF WEST MIAMI.*

**NO Certificate may not be transferred to any other owner.**

**For Office Use Only**

Zoning District R-1 R-2 R-3 R-4 R-5 A C C-Professional Office

Approved Use \_\_\_\_\_ Special Use Permit Y N # \_\_\_\_\_

Number of units, seats, beds or amount of floor verified by \_\_\_\_\_

Water Account \_\_\_\_\_ City \_\_\_\_\_ County Sewer Connection Y N

Inspection performed and Certificate approved by \_\_\_\_\_ Date \_\_\_\_\_

Certificate Issued \_\_\_\_\_ (date) Receipt Number \_\_\_\_\_

Occupational License Issued \_\_\_\_\_ (date)

*Note: On a new business or transfer, an Occupational License may not be issued until Certificate is issued.*