

TOWN OF LAKE PARK  
535 Park Avenue  
Lake Park, Florida 33403  
Phone (561) 881-3318  
Fax (561) 881-3323

# Zoning Certificate



FOR COMMERCIAL LOCATIONS ONLY

A **NON-REFUNDABLE** ADMINISTRATIVE FEE OF \$125.00 AND ZONING INSPECTION FEE OF \$50 IS DUE AT TIME OF SUBMITTAL (TOTAL = \$175). APPLICATION PROCESS MUST BE COMPLETED WITHIN 30 DAYS OF BUSINESS OPENING. BUSINESSES OPERATING IN VIOLATION OF THE TOWN CODE OF ORDINANCES WILL BE SUBJECT TO ENFORCEMENT ACTIONS.

- **FOOD ESTABLISHMENTS** MUST SUBMIT THE STATE FOOD INSPECTION REPORT *PRIOR* TO OPENING
- **ALL BUSINESS ESTABLISHMENTS** MUST SUBMIT THE FIRE & ZONING INSPECTION SHEET *PRIOR* TO OPENING
- **ALL APPLICABLE UTILITY APPROVALS** MUST BE SECURED *PRIOR* TO OPENING

DATE: \_\_\_\_\_ BUSINESS LOCATION \_\_\_\_\_

## Business Information:

New Business     Ownership Transfer and/or Name Change     Location Transfer     Additional Business

(Select Location transfer only if business is transferring from an existing Lake Park Address)

**DATE BUSINESS OPENED:** \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ (required to receive Town e-mail updates)

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

Name of Business Owner: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_ Business Website Address: \_\_\_\_\_

## Property Owner:

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Property Owner E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Business Details:

Type of Business Proposed: \_\_\_\_\_

Is this an Accessory Use to another business?     Yes     No    Hours of Operation: \_\_\_\_\_

Please explain proposed business operation in detail: \_\_\_\_\_

Unit Size (Sq. ft.): \_\_\_\_\_ Max. Number of Employees: \_\_\_\_\_ Number of Parking Spaces: \_\_\_\_\_

### Please provide each of the following, if applicable:

- Fictitious Name Registration or proof of exemption
- Corporation Registration/Articles of Incorporation/LLC
- State Business or Professional License(s), if applicable

**FOR OFFICIAL USE ONLY  
TO BE COMPLETED BY STAFF**

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

**Business Address:** \_\_\_\_\_

**ZONING APPROVALS**

Initial Zoning Use:    Approved     N/A     Date \_\_\_\_\_    Init \_\_\_\_\_

Zoning District: \_\_\_\_\_    Section Citation: \_\_\_\_\_

Use: \_\_\_\_\_

Description: \_\_\_\_\_

Additional Zoning  
Conditions: \_\_\_\_\_

**Public Works/Sanitation**    Approved     N/A     Date \_\_\_\_\_    Init \_\_\_\_\_

**INSPECTIONS \***

***\* Units must be set up and ready for inspection prior to inspections being scheduled – ALL inspections must be scheduled at least 24 hours in advance\****

Palm Beach County Fire-Rescue  
(billed separately through PBCFR)    Approved     N/A     Date \_\_\_\_\_    Init \_\_\_\_\_

Zoning  
(included within Application Fee)    Approved     N/A     Date \_\_\_\_\_    Init \_\_\_\_\_

(To include landscaping, parking, height, setbacks, as applicable)

IF additional approvals are required, please explain:

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

**Community Development Zoning Certificate Approval**

**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*A copy of the completed Zoning Certificate Application will be e-mailed to Applicant\***

*Version: 07/24/2018. All previous versions are obsolete*