



**CITY OF ORMOND BEACH**

v3.2013

Planning Department

22 South Beach Street, Ormond Beach, FL 32174

Tel: (386) 676-3207

www.ormondbeach.org

comdev@ormondbeach.org

**VERIFICATION OF USE - APPLICATION**

**VERIFICATION REQUIRED**

This verification is used to determine how a use is permitted prior to the application of a business tax receipt. Once the verification is submitted to the Planning Department, applicants can expect a response within one business day. The completed form must then be submitted with the application for business tax receipt.

**APPLICANT INFORMATION**

Name

Address

Telephone and Email

**PROPERTY DETAILS**

Proposed Location Address  Parcel ID No.

**USE DETAILS**

- Home Occupation     Free Standing Building     Vacant Parcel     Office Use     Other \_\_\_\_\_
- Shopping/Strip Center - SF of Unit to be Occupied \_\_\_\_\_     Liquor License Type \_\_\_\_\_

Use Requested (provide specifics)

**CERTIFICATION**

I hereby certify that the information and representations provided above are true and correct to the best of my knowledge, and based on these representations my business may be given preliminary approval for the use at the location described in this application. This pre-approval (determination) is not a guaranty that the owner/lessee will meet all the requirements necessary to be issued a business tax receipt or that the City has waived or will waive any of the requirements under the Land Development Code to issue final approval for such use and a business tax receipt. I understand that any improvements to the property require separate building permits and approvals. This pre-approval is not a guaranty by the City and the City is not responsible for any expenses incurred prior to the issuance of a business tax receipt.

Signature: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_, 20\_\_, by \_\_\_\_\_,  
as \_\_\_\_\_ (title\*) for \_\_\_\_\_ (name of corporation\*), who ( ) provided  
\_\_\_\_\_ as identification, or ( ) who is personally known to me.

\_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires:

\* If you are executing this document on behalf of a corporation please complete the spaces with your title and the name of your company as indicated.