



City of Marco Island  
 Community Development Department  
 50 Bald Eagle Drive  
 Marco Island, FL 34145  
 Phone: 239-389-5000 or FAX: 239-393-0266

PF-13

**COMMERCIAL LAND USE AND ZONING CERTIFICATE**

Petition number: **20**\_\_\_\_ - \_\_\_\_\_ Date Received: \_\_\_\_\_

Planner/Staff Member: \_\_\_\_\_

**ABOVE TO BE COMPLETED BY STAFF**

NOTE: If you don't know the answer, indicate "unknown." If the item doesn't apply, indicate "non-applicable" or "N/A." Your application cannot be processed without all necessary information. **Approval of this application can be expedited if a site plan of the property to be occupied, showing parking and surrounding uses, is submitted with the application.**

Application Date: \_\_\_\_\_ Zoning Certificate #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Business Owner (individual/corporation): \_\_\_\_\_

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

Complex Name (if any): \_\_\_\_\_

Type of Business to be Conducted: \_\_\_\_\_

\_\_\_\_\_ NEW BUSINESS OR \_\_\_\_\_ RELOCATING EXISTING BUSINESS

Number of Employees (including owner): \_\_\_\_\_

Type of business previously/ presently occupying the premises: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Applicant's Phone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Property owner/leasing agent name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**SITE DESCRIPTION**

Check the description which most closely applies:

- |                                                       |                                                                  |
|-------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Single-Occupancy Building    | <input type="checkbox"/> Office In Professional/Business Center  |
| <input type="checkbox"/> Multiple- Occupancy Building | <input type="checkbox"/> Office Co-Located With Other Businesses |
| <input type="checkbox"/> Strip Mall                   |                                                                  |
| <input type="checkbox"/> Shopping Center/Mall         |                                                                  |
| <input type="checkbox"/> Other (Describe): _____      |                                                                  |

For new building only: Building permit #: \_\_\_\_\_ SDP #: \_\_\_\_\_

For building currently vacant: Length of vacancy \_\_\_\_\_

*Note: You must contact the Marco Island Fire Department at 389-5040 for a mandatory fire safety inspection.*

**SITE USE (FLOOR AREA, SEATING & PARKING)**

Indicate approximate square footage of floor area in unit use for:

- ? Retail \_\_\_\_\_ SF
- ? Wholesale \_\_\_\_\_ SF
- ? Manufacturing/assembly/ repair \_\_\_\_\_ SF
- ? Office \_\_\_\_\_ SF
- ? Storage \_\_\_\_\_ SF

For auto repair/service station only: number of bays \_\_\_\_\_

For restaurant/church/beauty parlor: number of seats \_\_\_\_\_

For free standing building: total floor area of bldg. \_\_\_\_\_ sq. ft.

For office complex/multiple-occupancy building only: Total number of units \_\_\_\_\_

Number of parking spaces available for use by entire building/complex: \_\_\_\_\_

Number of parking spaces available for use by this unit only: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fee: \$50.00 – checks payable to "City of Marco Island"**

Below to be completed by City staff

SIC#: \_\_\_\_\_ Zoning: \_\_\_\_\_ Folio #: \_\_\_\_\_

Site visit completed by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Hold for: \_\_\_\_\_

Comments/restrictions:

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