



# Commercial Certificate of Use Application

City of Lauderhill, Business Tax Division, 5581 W. Oakland Park Boulevard, Lauderhill, FL 33313

Phone: 954-730-3030 E-mail: [customer\\_service@lauderhill-fl.gov](mailto:customer_service@lauderhill-fl.gov)

City of Lauderhill Website: <https://www.lauderhill-fl.gov/>

Before an applicant can obtain a Local Business Tax Receipt, it is necessary to first apply for a Certificate of Use. \$57.88 non-refundable processing fee must be paid when the application is submitted.

## APPLICATION CHECKLIST

**The following documents must accompany your application:**

### **To open a Commercial Business:**

- Approved** Zoning Verification
- Articles of Incorporation and/or Fictitious Name Certificate
- Certificate of Liability Insurance (General Commercial Liability). Must show the "City of Lauderhill" as the certificate holder
- All professional license(s) as regulated by the State of Florida, Department of Professional Business Regulators, Dept. of Health, Office of Financial Regulation, Florida Bar, etc., if applicable
- Broward County Local Business Tax Receipt
- Health Care Addendum (included) (for Health Care Businesses only)
- State Issued Driver License, photo identification, passport, etc.
- Restaurant Addendum (Included)
  - Floor Plan
- Special Residential Facilities Addendum (Included)
- Shared Space Addendum for "Users" Only (Included- "Master" Shared Space must have an active COU; **Shared Space Users are exempt from inspection fees.**)

### **Additional documentation required For Non Profit Businesses:**

Copy of 501(c) (3) organization exemption documentation

### **Change of Ownership/Transfer of Ownership:**

- Bill of sale and/or documentation showing transfer of property and/or business.
- All documents required for commercial businesses

### **Re-inspection Fees**

- \$57.88 - first re-inspection
- \$115.76 - second re-inspection
- \$173.64 - third re-inspection and each additional re-inspection

\*Weekend Inspection fee additional \$57.88

# TOP 10 CODE VIOLATIONS

## **TOP 10 VIOLATIONS - # 1**

### Yard Maintenance standards

- Lawn & Swale areas must be maintained. Deteriorated areas must be re-sod.

## **TOP 10 VIOLATIONS - # 2**

### Building Maintenance Standards

- Buildings, doors, roofs, shutters, and wood trim must be free of faded/chipped paint and discolorations. If these conditions occur, the area must be cleaned or painted. Note that painting of buildings may require a free permit from the Building Department.

## **TOP 10 VIOLATIONS - # 3**

### Pools

- Pools must be maintained in a clean & sanitary condition to prevent it from becoming a breeding ground for insects, rodents and reptiles.

## **TOP 10 VIOLATIONS - # 4**

### Address Numbers

- Address numbers must be clearly posted on all buildings in the city. The numbers must be at least three inches in height, must be of a contrasting color and must be clearly visible from the roadway.

## **TOP 10 VIOLATIONS - # 5**

### Fences, Walls, & Hedges

- Fences and walls must be maintained in a good state of repair, free from damage, deterioration and discoloration.

## **TOP 10 VIOLATIONS - # 6**

### Trash & Debris

- Trash & debris cannot be left in view of the public and must be disposed of properly.

## **TOP 10 VIOLATIONS - # 7**

### Occupational Licenses

- Prior to entering into or conducting business activities in the city, a Certificate of Use must be obtained.

## **TOP 10 VIOLATIONS - # 8**

### Signage

- Certain signs may be permitted with a sign permit. Contact the Finance Department at (954) 730-3030 for further information

## **TOP 10 VIOLATIONS - # 9**

### Abandoned Vehicles/Repairs

- Any vehicle on public or private property that does not display a current tag is considered to be abandoned. These vehicles will be posted with a five day notice, and then will be towed if a current tag is not placed on the vehicle or the vehicle is not removed from the city.

## **TOP 10 VIOLATIONS - # 10**

### Parking Regulations

- Vehicles may only park on paved areas of private property. Parking is prohibited on front, side and rear yard areas. Parking on the swale is permitted with the abutting property owner's permission. Parking any portion of a vehicle on the roadway is prohibited.

## Business Tax Fee Schedule

Category	Description of Category	Fee
31A	Auction Stores, Sales	\$703.55
37D	Auto dealers - Inventory \$0.00-\$10,000	\$268.02
37E	Auto dealers - Inventory \$10,000-\$100K	\$536.04
37F	Auto dealers - Inventory \$100,000 - Up	\$938.07
51A	Auto trade machine distributors	\$201.02
58A	Automatic trade machines - Each	\$26.80
20B	Beauty and personal services shop	\$200.99
21B	Beauty/Personal SVCS shop - Per chair	\$33.50
16C	Check Cashing Facility	\$351.78
17C	Temporary holiday sales	\$268.02
24C	Contractors; All service providers	\$268.02
07E	Live entertainment - With music or dancing	\$351.78
08F	Financial Business	\$603.05
08G	Financial Business - Drive thru window	\$127.63
01G	Gas distribution and sale	\$844.27
01K	Gas Service Station	\$182.33
01L	Gas Service Station - Each pump	\$34.73
23G	Golf Course	\$335.03
12H	Hotel or Motel	\$268.02
13H	Plus hotel or motel, per room	\$4.69
13I	Insurance - Citywide	\$268.02
17L	Lounge, Bar, Pub	\$469.03
04M	Manufacturing - Wholesale only	\$268.02
24M	Retail - NBRHD sales use <10K SFG FL area	\$268.02
32M	Retail:Comm/City: Ret sales>10,000 SF & <75K SFGFA	\$536.04
36M	Retail:Comm/City: Ret sales> 75k SFGFA	\$938.07
40M	Mobile vendors per vehicle or solicitors per person	\$335.03
41M	Motion Picture Theaters per screen	\$268.02
07N	Nursing home, ACLF	\$134.01
08N	Nursing home, ACLF each bed	\$33.50
01O	Office Space - Business use only	\$211.07
03O	Owner of rental / Leased property	\$18.77
03P	Pawnbrokers	\$703.55
10P	Instruction / Training	\$268.02
10Q	Charter or private school - per seat	\$2.69
14P	Professional office space	\$268.02
16P	Professionals - Each	\$134.01

## Business Tax Fee Schedule

87P	Promotional events (30-day limit)	\$281.43
32R	Restaurants - All	\$201.01
34R	Restaurants - Per seat/chair	\$2.69
36R	Restaurants - Per drive through window	\$134.01
39R	Restaurants -Take out only	\$201.02
41R	Restricted home based office use only	\$281.43
41X	Family home daycare - Regular	\$60.78
41Y	Family home daycare - Large	\$268.02
13S	Storage Facilities - Warehouses	\$174.22
14S	Storage Facilities - Per bay	\$18.77
08T	Telecommunications Providers	\$670.04
40T	Transportation or delivery services	\$134.01
42T	Transportation / Delivery SVCS per vehicle	\$67.01
M01	Rental regulation & inspection 1-10 units (Each)	\$196.80
M02	Rental regulation & inspection 11-99 units (Each)	\$115.76
M03	Rental regulation & inspection over 100 units	\$81.03
F01	Annual Fire Commercial	\$163.20
F02	Fire - Residential Annual	\$115.47
F03	Standpipe System	\$115.47
F04	Sprinkler System	\$115.47
F05	Fire Alarm System	\$115.47
F06	Fire-Smoke Evacuation System	\$115.47
F07	Fire Protection System	\$115.47
F08	Automatic External Defibrillators	\$28.94
G01	Grease Trap Inspection	\$57.88

Please check all that may apply to your business.

COU App.#: \_\_\_\_\_

**NEW BUSINESS**

(OPENING DATE) \_\_\_\_\_

**EXISTING BUSINESS**

(DATE ESTABLISHED) \_\_\_\_\_

**CHANGE OF OWNERSHIP**

**LOCATION CHANGE  
(WITHIN LAUDERHILL)**

**BUSINESS NAME CHANGE**

**TRADE INCUBATOR  
(\$28.94 BDF FEE ONLY)**

**Processing Fee - \$57.88 Non – refundable**

**Notary Services- \$10**

**Staff Initials** \_\_\_\_\_



## Commercial Certificate of Use Application

### BUSINESS INFORMATION

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

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

Business Telephone Number: \_\_\_\_\_

Business Email: \_\_\_\_\_

If locations change, what is the previous location? \_\_\_\_\_

### CONTACT INFORMATION

Business Owner/Applicant Name: \_\_\_\_\_

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

Applicant Telephone Number: \_\_\_\_\_

Applicant Email address: \_\_\_\_\_

Has the name of your business changed? **Yes**  **No**

By checking this box you will be removed from receiving scheduled electronic notifications from the City of Lauderhill.

Relationship of Applicant to Business: \_\_\_\_\_

Authorized to act on behalf of the business? (Provide documentation, if applicable)

Yes  No

BUSINESS DESCRIPTION

Type of Merchandise or Service: \_\_\_\_\_

Please provide the number of employees on staff: \_\_\_\_\_

Total Dollar Value of Retail Inventory: \_\_\_\_\_ Square Footage: \_\_\_\_\_

For Salons/Barber shops: total chairs: \_\_\_\_\_

For Nail Salon: total of chairs \_\_\_\_\_ total of pedicure stations \_\_\_\_\_

Is the business Section 3 certified? Yes  No  If yes, provides a copy of your Section 3 Certification.

Section 3 is a provision of the Housing and Urban Development (HUD) Act of 1968 that helps foster local economic development, neighborhood economic improvement, and individual self-sufficiency. The Section 3 program requires that recipients of certain HUD financial assistance, to the greatest extent feasible, provide job training, employment, and contracting opportunities for low- or very-low income residents in connection with projects and activities in their neighborhoods.

Website: <http://www.hud.gov/offices/fheo/section3/Section3.pdf>

Is the business MWBE (Minority Business Women Enterprise) certified?

Yes  No

Is the business in an Enterprise Zone? Yes  No

Please list all activities conducted at your business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there or will there be signage for this business? Yes  No

If yes, is there new signage or are you replacing existing signage? Please explain

If yes, previous business name: \_\_\_\_\_

\_\_\_\_\_

Name of prior tenant or business at this location (if applicable): \_\_\_\_\_

HOURS OF OPERATION

The days and hours of operation of my business will be:

Sunday	_____ to _____	Thursday	_____ to _____
Monday	_____ to _____	Friday	_____ to _____
Tuesday	_____ to _____	Saturday	_____ to _____
Wednesday	_____ to _____		

Operation during any hours outside of those listed above without prior approval from the City of Lauderhill may result in the revocation of the Certificate of Use and the closure of the business.

**Note: Most Businesses Restricted to 2:00a.m. Closing.**

In the section below, please check "yes" or "no" to the following questions:

1. Will you be sharing space within the building/suite/bay at the listed address?  
**Yes**  **No**   
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2. Does the business sell, rent, display any sexually oriented material (including but not limited to signage, videos, periodicals, or sexual novelties or paraphernalia or nudity? **Yes**  **No**   
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Has the applicant ever had a Local Business Tax Receipt, Certificate of Use, or Occupational License suspended or revoked? **Yes**  **No**   
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. Has there been or will there be any interior/exterior alterations made?  
**Yes**  **No**   
 If yes, Please describe and provide permit No. : \_\_\_\_\_  
 \_\_\_\_\_
  
5. Was a Certificate of Occupancy Issued for these renovations? **Yes**  **No**   
 If yes, **please provide a copy.**
  
6. Will the business own and/or operate any trucks or motor vehicles in conjunction with the business for delivery, merchandise selling, service, etc.? **Yes**  **No**  If yes, will vehicles have lettering or signage? **Yes**  **No**   
**Please describe:** \_\_\_\_\_

Please check "Yes" or "No" for each of the following uses and categories as they apply to your business.  
Any use that is checked "No" on the form will be prohibited.

Category Use	Yes	No	Category Use	Yes	No
<b>Adult Entertainment<sup>2</sup></b>			<b>Food Services / Restaurant<sup>1, 2 &amp; 3</sup></b>		
<b>Alcoholic Beverages<sup>2</sup></b>			Drive-Through		
On Premises			Outdoor Seating		
Off Premises			Outdoor Cooking		
Beer			<b>Gas or Service Station<sup>2</sup></b>		
Wine			<b>House of Religious Worship</b>		
Liquor			<b>Live Entertainment<sup>1 &amp; 2</sup></b>		
<b>Arcade, Gaming Vending</b>			DJ, Karaoke		
<b>Automotive<sup>2</sup></b>			Dance Floor		
Parts Sales			Musicians		
Sales, Rental			Elevated Stage		
Body Shop, Paint			<b>Manufacturing<sup>2</sup></b>		
Sale (Indoor / Internet)			Compounding, Processing and Storage Assembly and Repair		
Maintenance			<b>Medical Marijuana Health Care Establishment<sup>2</sup></b>		
Carwash			<b>Medical Marijuana Dispensing Center<sup>2</sup></b>		
Repairs			<b>Office</b>		
<b>Child Care<sup>2</sup></b>			<b>Outdoor Storage<sup>2 &amp; 3</sup></b>		
Home Location			<b>Pharmacy<sup>2</sup></b>		
Commercial Location			Walk-Up		
<b>Commercial Vehicles Onsite</b>			Drive-Through		
<b>Convenience Store<sup>2</sup></b>			<b>Personal Services<sup>2 &amp; 3</sup></b>		
<b>Consignment Shop / Thrift</b>			Hair, Nails, Skin		
<b>Doctor / Dentist Office<sup>2</sup></b>			Small Electronics, Computer Repairs		
With Controlled Substance Provider			Dry Cleaning, Alteration, Shoe Repair, Upholstery		
Without Controlled Substance Provider			Party or Merchandise Rental		
After Hours (After 7pm)			Massage (Foot / Seated Only)		
<b>Education<sup>2</sup></b>			<b>Residential<sup>2</sup></b>		
College and University			Special Residential Facility		
Instructional			Assisted Living		
Pre-school			Group Home		
Remedial			<b>Retail Foods</b>		
Training			<b>Retail Goods</b>		
Primary and Secondary / Charter and Private Schools			<b>Studio</b>		
<b>Financial Institution<sup>2</sup></b>			<b>Tobacco Store</b>		
Walk-Up			<b>Warehouse / Storage</b>		
Drive-Through			<b>Laundromat<sup>2</sup></b>		
<b>Fitness Center / Gym / Health Spa<sup>2</sup></b>			<b>Wholesale Establishments</b>		
<b>Other Use</b>			Describe:		

Note 1: Assembly uses require review time and may require site inspections.

Note 2: Some uses may require Special Exception Approval.

Note 3: Allowed use only as an accessory use.



## Please read the section below carefully before signing

I hereby acknowledge and affirm that I have candidly and fully identified all uses that are to be operated from the above-described address, and that only the use(s) identified in this application shall operate from said address. I further acknowledge that the failure to candidly, accurately and fully identify all uses that are to be operated from the above-described address is grounds for a civil penalty and will result in the immediate denial or revocation of my certificate of use and closure of my business.

I also understand that the operation of any use other than the use(s) identified above is grounds for the immediate denial or revocation of the Certificate of Use. I further understand that if there are any changes in the operation of my business as stated in this affidavit subsequent to the opening of my business, that I will agree to file the necessary application(s) and affidavit(s) and seek prior approval from the City of Lauderdale for any such changes. Failure to obtain the necessary for approval will result in the immediate revocation of my certificate of use and closure of my business.

I further agree not to conduct, nor to allow any criminal, illegal or unauthorized activities to be conducted on the premises. I understand that the operation of any criminal, illegal or unauthorized activities on premises is grounds for the immediate denial or revocation of the Certificate of Use after notice and a hearing.

I further understand that the issuance of a Local Business Tax receipt is contingent on the approval of a Certificate of Use and on compliance with all building and zoning ordinances of the City of Lauderdale, and that this compliance must be maintained. Failure to maintain compliance will be cause for revocation of the Certificate of Use.

If a background investigation of any applicant for a Certificate of Use or Local Business Tax Receipt is required, as pursuant to the Code of Ordinances, Chapter 12, Business Regulations, the applicant shall be required to reimburse the City for the cost of the investigation prior to the issuance of the Certificate of Use or Local Business Tax Receipt. Alternatively, if a background investigation of an applicant results in the denial or revocation of a Certificate of Use or Local Business Tax Receipt, said applicant or business owner shall be required to reimburse the City for the costs of the investigation.

I understand that all signage related to my business is subject to Schedule I of the Lauderdale Land Development Regulations and generally requires city approval and a permit before it can be legally placed on or in my business.

I additionally acknowledge that both the Certificate of Use and the Local Business Tax Receipt expire September 30th of each year and must be renewed by this date; otherwise, the City of Lauderdale will undertake such actions as is specified in the Code of Ordinances. As such, on October 1st, a 10% penalty will be assessed, an additional 5% on November 1st, 5% on December 1st and 5% on January 1st of the fiscal year.

By signing below I acknowledge that pursuant to Code Section 12 -50, if payment for all local business taxes, fees and penalties due are not received in full by December 1, a lien shall be filed against the subject property, the person and/or both as applicable and shall be recorded in the Official Records of Broward County, Florida. I further acknowledge that pursuant to Florida Statutes, 205.053, 166.201, and Code 12 -50, I am responsible for any unpaid balance in addition to all collection fees, attorney's fees, and administrative fees necessary for collection efforts regarding my lien.

By signing this application, I understand that I am responsible for notifying the City of Lauderdale, Business Tax Division in writing if the Business has been sold, transferred or closed. In addition, I must provide proof of such sale, transfer or business closure. I understand that I will be responsible for all Local Business Tax fees owed on the account.

Applicant Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

**THIS DOCUMENT MUST BE NOTARIZED**

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_

By \_\_\_\_\_, who is personally known

to me or who has produced \_\_\_\_\_ as identification.

Notary Public \_\_\_\_\_

Commission No. \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Name of Notary Typed, Printed or Stamped \_\_\_\_\_

**YOU WILL BE CONTACTED BY CUSTOMER SERVICE ONCE THE CERTIFICATE OF USE APPLICATION IS APPROVED. PLEASE CONTACT 954-730-3030 FOR QUESTIONS.**

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

Lauderhill Police Department  
6279 West Oakland Park Blvd  
Lauderhill, Florida 33313



**Re: Business/Resident Name:**  
\_\_\_\_\_

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

Dear Sir/Madam:

Please be advised that I am the owner of the above referenced property. I hereby grant and request the Lauderhill Police Department to warn and direct persons who are trespassing, conducting themselves in a disorderly manner, or engaged in criminal activity to leave the property, also to enforce Florida State Statute 810.09 entitled "Trespass" on or about the property.

Pursuant to the authority herein, the Lauderhill Police Department and its officers are authorized representatives of the abovementioned to enforce Florida State Statute and others about the property. It is also acknowledged that the abovementioned supports the prosecution of the arrest pursuant to this authority.

If you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

Owner's name) signature: \_\_\_\_\_

Title/Phone Number: \_\_\_\_\_

Sworn to and subscribed before me this Date:

\_\_\_\_\_  
Signature of Notary Public-State of Florida

\_\_\_\_\_  
Print, Type or Stamp Name of Notary Public

\_\_\_\_\_  
Personally Known to Me, or Produced Identification

Type of Identification: \_\_\_\_\_

HEALTH CARE ADDENDUM  
TO CERTIFICATE OF USE APPLICATION  
(For Medical Practitioners)

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

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

List all health care practitioners and attach copies of their respective licenses: \_\_\_\_\_

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

**Dispensing/Prescribing:** Does anyone in the practice have the authority or is licensed to administer, dispense, distribute, manufacture, prepare or prescribe any substance named or described in Schedule II of Florida Statutes, Section 893.03 (controlled substances)?

**Yes** (Special Exception Use approval required)                       **No**

**Hours of Operation:** Will the business be open between the hours of 7:01 p.m. and 6:59 a.m.?

**Yes** (Special Exception Use approval required)                       **No**

Applicant acknowledges that any changes to licensed personnel will be updated with the City of Lauderhill. Applicant further acknowledges that the addition of any employees or contractors who are dispensing practitioners will require a special exception use application and approval.

Are you registered with the State of Florida as a Pain Clinic or do you advertise in any medium for any type of pain management service?  **Yes**  **No**

If yes, please explain

Signed: \_\_\_\_\_

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

Printed name: \_\_\_\_\_

RESTAURANT ADDENDUM  
TO CERTIFICATE OF USE APPLICATION

(For Restaurant and Food Service Businesses)

1. Will there be entertainment offered indoors or outdoors?  Yes  No

Explain

2. Will there be any outdoor seating area?  Yes  No

If yes, will the seating be on private or public property?

*Note: Live entertainment and outdoor seating may require special exception approval*

3. Does the establishment have an approved dumpster enclosure including a raised concrete slab, a drain, and cleaning water facilities?  Yes  No

4. Will the food be prepared on premises?  Yes  No

5. What is the size in square feet? \_\_\_\_\_

6. How many seats are provided? \_\_\_\_\_

7. What is the size of the customer service area (area accessible to the public)? \_\_\_\_\_

Please provide a floor plan.

8. How many persons will be employed? \_\_\_\_\_

If more than 4, provide certified food manager certificate

Please provide proof of state approved employee training provided for employees. To order approved program food safety material, call DBPR's contracted provider: Florida Restaurant & Lodging Association (Safe Staff) 866-372-7233

9. Has a restaurant ever operated from the premises?  Yes  No

If no, compliance with parking standards will be required before a license can be issued.

Compliance with dumpster enclosure standards must be met

10. Will you be making any interior improvements?  Yes  No

If yes, provide approved plans or letter from DBPR H and R Plan Review showing renovations have been approved.

## SPECIAL RESIDENTIAL FACILITIES ADDENDUM (For Special Residential Facility Providers)

1. Do you offer living accommodations to: **(circle one)** General Public Special Group How many units? (Designate whether apartment, motel, hotel, lodging or housing Units)

How many residents per unit? \_\_\_\_\_

How many residents per bedroom? \_\_\_\_\_

2. Do you offer any provisions for food, transportation, hygiene care, on or off-premise counseling, or similar personal or therapeutic care?  Yes  No  
If yes, please explain.

3. Will there be 24-hour on site staff?  Yes  No If yes, how many? \_\_\_\_\_

4. Are you the owner of the premises?  Yes  No

If no, provide evidence the owner will allow the use.



**Shared Space COU Addendum**

**City of Lauderhill, 5581 W. Oakland Park Blvd. Lauderhill, FL 33319. Phone: 954-739-0100**

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

Shared Space Business Name: \_\_\_\_\_

Shared Space Address: \_\_\_\_\_

Shared Space Owner Name: \_\_\_\_\_

Shared Space Owner Email Address: \_\_\_\_\_

Shared Space Owner Phone Number: \_\_\_\_\_

Shared Space COU #: \_\_\_\_\_

Dear Sir/Madam:

Please be advised that I am the owner of the above referenced business. I hereby grant permission to the User listed below to operate within my Shared Space Certificate of Use (COU # \_\_\_\_\_)

User Business Name: \_\_\_\_\_

User Business Owner Name: \_\_\_\_\_

User Business Email Address: \_\_\_\_\_

User Business Phone Number: \_\_\_\_\_

I have provided an updated list of Users with registered Certificates of Use operating under my Shared Space Certificate of Use along with this signed document.

If you have any questions, please do not hesitate to contact the undersigned. Sincerely,

Owner's name (Print): \_\_\_\_\_

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

Title/Phone Number: \_\_\_\_\_

Sworn to and subscribed before me this  
Date: \_\_\_\_\_

Signature of Notary Public-State of  
Florida: \_\_\_\_\_

Print, Type or Stamp Name of Notary  
Public: \_\_\_\_\_

Personally Known to Me, or Produced  
Identification Type of Identification:  
\_\_\_\_\_

## Fire Department Fire & Safety Inspection Fees

To ensure that your occupancy is in compliance with the Florida Fire Prevention Code an initial fire safety inspection will be conducted. The Fire Department also conducts annual fire safety inspections on all multi-family residential occupancies and businesses excluding duplex and single family homes.

The following fees will be assigned to each business license inspection and associated address. Please check off the appropriate system type and number of systems. For Commercial businesses other than residential rentals you must provide your leased square footage. **Fore residential rentals units you must provide the number of rental units. City Ordinance 6-11 (e). This information is required at the time of application. All information will be verified during the fire safety inspections.** Questions can be directed to the Lauderhill Fire Prevention Bureau @ 954-730-2950.

### **Complete the following information:**

Commercial Square Feet: \_\_\_\_\_

(F01) \$163.20 for the first 1000 square feet and \$4.62 per each additional 1000 square feet

Residential Number of Units: \_\_\_\_\_

(F02) \$115.47 or \$6.16 per unit

Fire Hose Standpipe System: \_\_\_\_\_

(F03) \$115.47 per system

Fire Alarm System: \_\_\_\_\_

(F05) \$ 115.47 per system

Smoke Evacuation System: \_\_\_\_\_

(F06) \$115.47 per system

Fire Suppression System: \_\_\_\_\_

(F07) \$115.47 per system

Automatic External Defibrillator AED: \_\_\_\_\_

(F08) \$ 115.47 per system

City Ordinance Sec. 9-77. – Automated defibrillator devices required.

Automated external defibrillator devices shall be installed in the following businesses located within the geographical boundaries of the city: (a) Nursing homes and other related health care facilities that are required to be licensed under Florida Statutes, Chapter 400, as may be amended from time to time, and that have offices, facilities or operations within the city. This shall include, but not necessarily be limited to, nursing homes, assisted living facilities, adult day care centers, and health care clinics.

(b) Gymnasiums, fitness centers and indoor recreational centers in excess of one thousand five hundred (1,500) square feet.