



CITY OF CRYSTAL RIVER CERTIFICATE OF USE APPLICATION & CHECKLIST

123 Northwest Highway 19
Crystal River, FL 34428
352-795-4216 Ext. 306
352-795-6245 fax
jrehberg@crystalriverfl.org
www.crystalriverfl.org

- A Certificate of Use is required for the following:
 - New Business
 - Change of Location
 - Change of Use (example: restaurant to bookstore)
 - Change of Ownership
 - Change of Business Name

- Required documentation:
 - Proposed Floor Plan of the space (see attached example/instruction), may be included on site plan
 - Site Plan (submitted on 11" x 17" paper or copy of survey if available)
 - Include: Existing Tree(s) (if available)
 - Number of Parking Spaces and location
 - Square Footage of structure
 - If for automotive sales – sales area, inventory of hazardous materials, and type of vehicle stops. (See Land Development Code, Chapter 5, Sec. 5.05.12)

- Required Inspections, if applicable:
 - Building Inspection - Call the Community Development Department 352-795-4216, ext. 317
 - Fire Inspection - Call the Fire Inspector – Mike Dow – 352-398-5579

Section One: Business Information

Business Name: _____

Contact Name: _____

Business Address: _____

Business Phone Number: _____

Email: _____

Is this a Multi-Tenant building? Yes No

If so, Owner/Property Manager Name: _____

Contact Phone #: _____ Cell #: _____

Email: _____

PLEASE NOTE: MOST CORRESPONDENCE WILL BE VIA EMAIL

Business Tax Receipt Applied for? Yes No, if no, please contact Melanie Harkovich, Business Tax Receipts at mharkovich@crystalriverfl.org or call 352-795-4216, ext. 342.

Section Two: Proposed Business Use

Proposed Use(s): _____

Total Square Footage: _____
(Check applicable use below)

Restaurant # of Seats: _____

- Hospital, Nursing Home, Geriatric Center: # of Beds: _____
- Laundry & Coin Laundry: # of machines _____ Car Wash: # of Bays _____
- Transient units, such as hotel & motel rooms without kitchen facilities: # Rooms _____
- Transient units, such as hotel & motel rooms with kitchen facilities: # Rooms _____

Previous/Current Use: _____

Section Three: Applicant Information

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____ Cell Number: _____

Email: _____

PLEASE NOTE: MOST NOTIFICATIONS WILL BE VIA EMAIL

I, _____ do hereby certify that I am the
____ Applicant ____ Applicant's Agent. The information contained in this document is accurate and
complete to the best of my knowledge.

Signature

Date

Print Name

For City Staff Only

- Approved
- Approved with conditions (see below)
- Denied

Department of Planning & Community Development

Date

Conditions: _____
