

# Charlotte County Community Development Department Building Construction Services

18400 Murdock Circle, Port Charlotte, FL 33948

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www.CharlotteCountyFL.gov

"To exceed expectations in the delivery of public services"

## CERTIFICATE OF USE

I, \_\_\_\_\_ am the owner of \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Telephone \_\_\_\_\_ Business Name \_\_\_\_\_  
located at \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
My business involves: \_\_\_\_\_

**This section must be completed or this application will not be processed.**

Will the proposed use involve:

- > Exposing any specified anatomical areas as defined in Section 3-9-2 of the Charlotte County Code
- > And/or the sale, lease, or rental of adult videos, toys, or novelties, massage, lingerie modeling or any other activities covered under or described in Charlotte County Code Chapter 1-10, Article V or Sections 3-9-2 or 3-9-73. (ordinances #99-036 and 99-037)

Yes       No      Initial \_\_\_\_\_

**If yes, you must attach a completed application for Sexually Oriented Business Tax Receipt, as well as, a survey signed and sealed by a professional surveyor registered in the State of Florida that complies with the requirement of Section 3-9-73 of the Charlotte County Code.**

**I am requesting a Local Business Tax Receipt for the above business.**

\_\_\_\_\_  
Signature

### DO NOT WRITE BELOW THIS LINE - DEPARTMENT USE ONLY

Above described business is an approved permitted use in the zoning district     Yes     No

Is the property on sewer?     Yes     No    (If no, must obtain Health Department approval)

Zoning District \_\_\_\_\_ Use Permitted \_\_\_\_\_

NAICS \_\_\_\_\_ Description \_\_\_\_\_

Signature of Zoning Technician \_\_\_\_\_ Date: \_\_\_\_\_