



**DEPARTMENT OF COMMUNITY DEVELOPMENT**

**ZONING COMPLIANCE/BUSINESS TAX APPLICATION**

Questions: 239-574-0553 or  
 planningquestions@capecoral.net

YELLOW AREA FOR OFFICE USE ONLY	
ZC# _____	
BLOCK _____	LOT _____ CO DATE _____
STRAP # _____	
PERMIT # _____	
ZONING _____	LU _____
DATE _____	CSR _____

**YELLOW AREA FOR OFFICE USE ONLY**

Continued Use       1<sup>st</sup> Tenant      Desk Space

Change of Occupancy      Occupancy Type from \_\_\_\_\_ to \_\_\_\_\_ per \_\_\_\_\_ (initial)

Primary Business Name: \_\_\_\_\_      CU/ZC #: \_\_\_\_\_

Change of Business Owner:     Yes     No

Prior Owner/Occupant: \_\_\_\_\_      Business Type: \_\_\_\_\_      CU/ZC#: \_\_\_\_\_

New Business Classification: \_\_\_\_\_

Parking Regs: \_\_\_\_\_      Spaces Req'd: \_\_\_\_\_      Spaces on Site: \_\_\_\_\_      H/C on Site: \_\_\_\_\_

Notes/Comments/Special Instructions: \_\_\_\_\_

**FIRE/ZONING INSPECTION**

Caller's Name: \_\_\_\_\_      Caller's Phone #: \_\_\_\_\_

Inspection Date: \_\_\_\_\_      CSR: \_\_\_\_\_

**APPLICANT INFORMATION**

Business Site Address: \_\_\_\_\_      Suite/Unit #: \_\_\_\_\_      Unit Ft<sup>2</sup>: \_\_\_\_\_      Building Ft<sup>2</sup>: \_\_\_\_\_

Legal Business name (BN): \_\_\_\_\_

DBA: \_\_\_\_\_

Phone #: \_\_\_\_\_      Fax #: \_\_\_\_\_      Days of Operation: \_\_\_\_\_      Hours of Operation: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_      Phone #: \_\_\_\_\_

Website Address: \_\_\_\_\_      Fax #: \_\_\_\_\_

Local Manager(s) Name (BM): \_\_\_\_\_      BM Phone #: \_\_\_\_\_

Owner of Building (OB): \_\_\_\_\_      OB Phone #: \_\_\_\_\_

Local Emergency Contact (RP): \_\_\_\_\_      RP Phone #: \_\_\_\_\_

Business Description (Describe what you do): \_\_\_\_\_



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Check One (if applicable): [ ] New Business [ ] Relocation (within Cape Coral) [ ] Expansion
Other Location in Cape Coral: [ ] Yes [ ] No Address: CU/ZC#:
Prior Location a Home Based Business: [ ] Yes [ ] No Address: CU/ZC#:
Has Location been Vacant: [ ] Yes [ ] No If Yes, How Long? Is Unit of Septic System: [ ] Yes [ ] No
Is any portion of your net floor area or gross revenue derived from sexually oriented items/activities? [ ] Yes [ ] No
If yes, what percentage?:
# of Company Vehicles: # of Employees:
Restaurant/Assembly Seating Capacity (if applicable): Outdoor Display Area (if applicable):
Remodeling? (Electrical/Plumbing) [ ] Yes [ ] No If yes, Permit #: Final Inspection Date:

APPLICANT SIGNATURE

The information on this application is true and complete to the best of my knowledge. You must sign in your corporate capacity if the business is under a LLC, Trust, LP or similar business entity.

Signature \_\_\_\_\_ Date \_\_\_\_\_
Printed Name \_\_\_\_\_ Title \_\_\_\_\_

LOCAL BUSINESS TAX INFORMATION

FED Tax ID and or SS#:
Do you currently have a local business tax receipt or Competency License in the City of Cape Coral? [ ] Yes [ ] No
If yes, what is the receipt or license numbers?
Do you have or have you applied for: Fictitious Name [ ] Yes [ ] No Corp Papers [ ] Yes [ ] No State License [ ] Yes [ ] No
Date Applied:
COIN OPERATED MACHINES: (State type of machine, how many, location of machines and the amount of money to activate the machine)
INSURANCE OFFICES: (List Companies Represented)

GAS STATIONS: Number of Pumps Number of Bays

If such a business is conducted from a vehicle, state number of vehicles used:

Upon completion of Zoning Compliance and City Local Business Tax process, receipt holder MUST go to the County to obtain a County Receipt.

NOTICE

Please be advised that it is the responsibility of the applicant to advise the City Clerk's Office of any information on the application form that is exempt from public disclosure or confidential pursuant to state or federal law. Applicant must provide the City Clerk with information that is sufficient for the Clerk to determine whether the information is confidential or entitled to be exempt from disclosure. The City of Cape Coral, its officers, employees, or agents are not liable for any unauthorized release of exempt or confidential information regarding any applicant.

SIGN PERMIT INFORMATION

Prior to erecting a sign advertising a business, and after applying for a Certificate of Zoning Compliance, a sign permit must be obtained through the Planning Division. If you are a tenant in the building, you must supply a notarized authorization from the property owner or the owner's authorized representative. Information on sign requirements and the permit application may be found on the Planning Division's website located at www.capecoral.net.