

**COCONUT GROVE PARKING IMPROVEMENT TRUST FUND**  
**CERTIFICATE OF PARKING WAIVER APPLICATION**

**COMPLETED BY APPLICANT**

PROPERTY NAME	PROPERTY ADDRESS	
OWNER	OWNER ADDRESS	
TELEPHONE NUMBER	FACSIMILE NUMBER	
NAME OF CONTACT OR AGENT	ADDRESS OF CONTACT OR AGENT	
TELEPHONE NUMBER	FACSIMILE NUMBER	YEAR BUILT

**COMPLETED BY ZONING ADMINISTRATOR**

		SQUARE FOOTAGE (AS SHOWN IN PLANS ATTACHED)	SPACES REQUIRED (AS SHOWN IN PLANS ATTACHED)	SPACES PROVIDED (AS DETERMINED BY THE ZONING ADMINISTRATOR)
1	BASE PARKING @ 1:300 SQ. FT.			
2	PROVIDED ON-SITE @ 1:300 SQ. FT.			
3	PROVIDED OFF-SITE			
4	EXEMPT PRE-1960 BLDG. @ 1:300 SQ. FT.			
5	SUPPLEMENTAL PARKING @ 1:150 SQ. FT.			
6	SIDEWALK CAFÉ PARKING @ 1:100 SQ. FT.			

Total Number of Spaces Required \_\_\_\_\_

**CERTIFICATION**

This application for waiver of required spaces is submitted with the understanding that the requested waiver, if approved, will be issued to the property owner subject to applicable conditions as specified by Chapter 35, Article VIII of the Miami City Code, including the payment of all applicable fees to the Coconut Grove Parking Improvement Trust Fund. The property owner(s) understand(s) that these conditions will be set forth in the Certificate of Waiver and that such waiver shall not be effective until all application conditions have been met.

\_\_\_\_\_  
Signature of Property Owner

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

\_\_\_\_\_  
Director of Planning and Zoning or Designee  
PLANNING AND ZONING DEPARTMENT

\_\_\_\_\_  
Date

**CITY OF MIAMI DEPARTMENT OF PLANNING AND ZONING**  
 444 S.W. 2<sup>nd</sup> Avenue, 4<sup>th</sup> Floor, Miami, Florida 33130      Phone: 305-416-1400/ Fax: 305-416-2156

**COCONUT GROVE PARKING IMPROVEMENT TRUST FUND**

**CERTIFICATE OF PARKING WAIVER APPLICATION**

**CERTIFICATION OF PARKING DEFICIENCY (Office of Zoning)**

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Parking Spaces Required: \_\_\_\_\_ Parking Spaces Provided: \_\_\_\_\_ Waiver Requested for: \_\_\_\_\_

The requested amount of waived parking spaces will, in conjunction with the spaces provided or on its own, bring the subject property into compliance with the zoning ordinance's parking requirements.

\_\_\_\_\_  
Zoning Administrator, Planning and Zoning Department

\_\_\_\_\_  
Date

**CODE ENFORCEMENT ACTION (Office of Hearing Boards)**

There are pending or unsatisfied violations or fines outstanding pertaining to:

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

Code Enforcement Case Number(s): \_\_\_\_\_

\_\_\_\_\_  
Secretary, Code Enforcement Board

\_\_\_\_\_  
Date

**RECEIPT FOR PAYMENT OF WAIVER (BID/ CCSG)**

Payment has been received for the requested waiver(s) or required off-street parking spaces by:

Name of Agent/ Entity: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_  
BID/ CCSG Representative

\_\_\_\_\_  
Date

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