

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. 2nd Avenue, 4th Floor, Miami, Florida 33130 Phone: 305-416-1400/ Fax: 305-416-2156

COCONUT GROVE PARKING IMPROVEMENT TRUST FUND

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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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