

IMPORTANT INFORMATION FOR NEW BUSINESSES- TENANT AFFIRMATION AND ACKNOWLEDGEMENT

A copy of this completed form and attachments must be included with a COU application

Every business owner in the City of Jacksonville must obtain a Certificate of Use (COU). In addition, if a business is expanded or the use changes on the premises, a new COU is required. Failure to apply for and obtain a Certificate of Use (COU) may result in your business being cited by the City of Jacksonville Municipal Code Compliance Division, the Jacksonville Fire and Rescue Department or the Building Inspection Division. Additionally, no work is to occur in any premises without obtaining all required building permits or fire permits from the City of Jacksonville.

Lessee: You are leasing a tenant space from a landlord for the purpose of operating a business. You are responsible to ensure that your intended business is legal to operate in the applicable zoning district and that your leased space is properly constructed according to the Building and Fire Codes for your use. You are not permitted to perform work in a leased space unless you are a licensed contractor.

Your landlord must provide documentation on the form below as to the use of the premises for the last five (5) years of the subject property. Please note that there are Zoning Uses, and there are Building and Fire Code Uses. The Building and Fire Codes classify a building or portion of a building with respect to Occupancy (Use). These Uses can be very different in definition from a Zoning Use. Just because a Use may be allowed by Zoning does not mean that it is allowed, **or the structure or space has been approved**, per the Building and Fire Codes.

In order to determine whether a business is permitted in certain locations or whether additional alterations to the premises are necessary to allow for a certain use, you should contact a Florida licensed architect. For specific questions as to your particular use or tenant space, the following contacts may also be useful:

Zoning- (904) 255-7800
Occupancy Type- (904) 630-1100/630-0434
Building Permits Required for any renovation- (904) 630-1100
Life Safety Review for Fire Rescue- (904)-630-0434
Electrical Service-(904) 665-6000
A/C Heat or Ventilation- (904) 630-1100
Water/Sewer/Grease Traps – (904) 665-6000

Please be advised that your lease is between you and the landlord only. The City of Jacksonville bears no responsibility in relation to a leased premises complying with the applicable code standards for which a lessee intends to use the premises. Therefore, it is you, the Business Owner, who is responsible to assure that your occupancy of the space meets all standards of the City of Jacksonville.

Failure to comply with COU requirements could result in fines up to \$250.00 per day.

I hereby acknowledge that I have read and understand the preceding information.

Business Name

Business Address/ Tenant Suite #

Business Owner's Full Name (Print)

Business Owner Signature

Date of Signature

STATE OF FLORIDA COUNTY OF DUVAL

Sworn to and subscribed and acknowledged before me this _____ day of _____
201__, by _____, who is personally known to me or who
has produced _____ as identification and who took an oath.

(Signature of NOTARY PUBLIC)

(Printed name of NOTARY PUBLIC)

State of Florida at Large. My commission expires: _____

LANDLORD AFFIRMATION AND ACKNOWLEDGEMENT

A copy of this completed form and attachments must be included with a COU application if property is leased or rented by permittee

I, _____ (name), the _____ (title) of _____ (owner of property), the owner of the subject property located at _____ (the "Property") hereby provide information regarding the prior uses of the Property for the past five (5) years:

Tenant Name	Length of Time	Contact (Phone & Email)	Use/Occupancy
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I also hereby affirm and acknowledge that the lessee, _____, has been provided with this information as of _____ (date).

STATE OF FLORIDA COUNTY OF DUVAL

Sworn to and subscribed and acknowledged before me this _____ day of _____ 201__, by _____, who is personally known to me or who has produced _____ as identification and who took an oath.

(Signature of NOTARY PUBLIC)

(Printed name of NOTARY PUBLIC) State of Florida at Large. My commission expires: _____