

Marcia

Email: Mpalmer@scgov.net  
to with all attachments

20 131152  
BK

Fax (941) 861-3282



**BUSINESS USE PERMIT APPLICATION**

Instructions and Information for Business Use Permits and Temporary Certificates of Occupancy are included at the end of this application.

**Planning and Development Services**

1001 Sarasota Center Blvd, Sarasota, FL 34240  
4000 S. Tamiami Trail, Room 122, Venice, FL 34293  
Phone: (941) 861-6678 or (941) 861-3029

Office Use:  
BUSINESS USE PERMIT # \_\_\_\_\_

Each line must be completed and include the signatures of business owner or authorized agent and the property owner or authorized agent. Assembly use and eating establishments require a seating plan.  
Include one site plan with parking calculations.

The fee of \$155.00 is due at application submittal.  
The fee of \$50.00 will be due at time of application submittal.  
\*\*Notarization fee is an additional \$5.25.\*\*

**BUSINESS USE PERMITS WILL NOT BE ISSUED UNTIL ALL REVIEWS & INSPECTIONS ARE APPROVED.** Completing this application is not an approved/issued Business Use Permit.

Note: Occupancy of a building before the issuance of a CO is a violation of Sarasota County Ordinance 83-63, Section 2-354, as amended and the State of Florida Building Code, Section 10. A violation may result in a referral for hearing before a Sarasota County Code Enforcement Magistrate. The Special Magistrate, after finding a violation exists, may impose a fine not to exceed \$500.00 per day for each day the occupancy continues, if the violation is not corrected.

**\*\*\*PLEASE NOTE THIS APPLICATION REQUIRES SIGNATURE OF BOTH THE BUSINESS OWNER/AGENT AND THE PROPERTY OWNER/AGENT\*\*\***

Please type or print legibly in blue or black ink.

Date: June 5, 2020

Building Permit Number: (if applicable) \_\_\_\_\_ Parcel ID # 0237120006

Property Owner: PALLET DUDE LLC Phone: 941-720-1667

Address: 7952 FRUITVILLE RD City: SARASOTA State: FL Zip Code: 34240

Fax: \_\_\_\_\_ Email: BrianSehike@yahoo.com

New Business Name: 941 Diamond Academy Phone: 9414165100

Business Address: 6270 Clarity Ct City: Sarasota State: FL Zip Code: 34240

Business Owner: 941 Diamond Academy, LLC John D Voigt Email: \_\_\_\_\_

Mailing Address: 6270 Clarity Ct City: Sarasota State: FL Zip Code: 34240

Former Business Use: New Building

If existing business, how long has this business been in business? \_\_\_\_\_

Detailed Description of New Business Use: Baseball/Softball lessons

Please complete the following information:

Area: 5680 Sq. Ft      Parking Spaces Provided 15-20      Restaurant - Number of Seats: n/a

Central Water       Private Well n/a      Central Sewer       Septic Tank System n/a

# of Floors to be Occupied 1      Which floors will be occupied 1      Total # of stories 1

What is the business type to the left? n/a - end unit      Business type to the right? electrician

Is the Building Sprinkled?  No  Yes  Full  Partial      Fire Alarm System?  No  Yes

**AFFIDAVIT**

*I hereby certify that by signing as the business owner or authorized agent, and as the property owner, that to the best of my knowledge, the information herein is complete and correct, and that the permitted construction will conform to the regulations in the Florida Building Code and Sarasota County Code and all applicable ordinances. I have read and understood all the requirements according to this application.*

**\*\*\*PLEASE NOTE THIS APPLICATION REQUIRES SIGNATURE OF BOTH THE BUSINESS OWNER/AGENT AND THE PROPERTY OWNER/AGENT\*\*\***

Signature of Business Owner/Agent [Signature] Date: 6/5/20

STATE OF FLORIDA  
COUNTY OF: SARASOTA

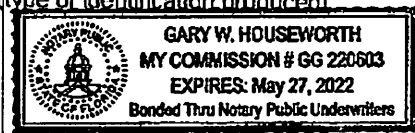
Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 5 day of JUNE, 2020, by JOHN D VOIGT

(Name of person making statement)

Personally Known or  Produced Identification [Signature]

(type of identification produced)

[Signature]  
Signature of Notary Public - State of Florida



--- AND ---

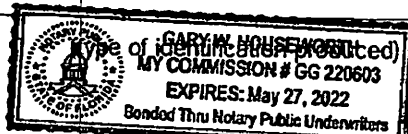
Signature of Property Owner/Agent [Signature] Date: 6/5/20

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 5 day of JUNE, 2020, by BRIAN SEHLKE

(Name of person making statement)

Personally Known or  Produced Identification [Signature]

[Signature]  
Signature of Notary Public - State of Florida



The Planning and Development Services Department is committed to providing excellent customer service. Please check here if it is ok for someone from the County to follow-up with you regarding your experience and how we can improve our service.