

Office Use Only: Permit # \_\_\_\_\_  
 Date Filed: \_\_\_\_\_ Initials \_\_\_\_\_ Review Fee: \$75.00 Receipt #: \_\_\_\_\_



PLANNING AND DEVELOPMENT SERVICES DEPARTMENT  
 Building and Code Regulations Division  
 2300 Virginia Ave  
 Fort Pierce, FL 34951  
 772-462-1553

**APPLICATION FOR ZONING COMPLIANCE – USE PERMIT**

Name and type of previous business at this location: \_\_\_\_\_

Type of business proposed: \_\_\_\_\_

Primary: \_\_\_\_\_

Wholesale: \_\_\_\_\_ Retail: \_\_\_\_\_

Accessory: \_\_\_\_\_

Name of Proposed Business: \_\_\_\_\_

Address of Proposed Business: \_\_\_\_\_ City: \_\_\_\_\_ FL Zip \_\_\_\_\_

Name of Shopping Center, if applicable: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Tax ID #: (Available from the Property Appraiser's Office) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

**I understand that a Code Compliance officer will verify that the business operation is as stated on application. Permits will be required if repairs or modifications are needed.**

\_\_\_\_\_  
 Applicant's Signature Date Please Print Name

\*\*\*\*\*

**OFFICE USE ONLY**

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Map Number: \_\_\_\_\_

Zoning: \_\_\_\_\_ Land Use: \_\_\_\_\_ SIC Code: \_\_\_\_\_ Site Plan: \_\_\_\_\_

Certificate of Competency Required? Yes \_\_\_\_\_ (Type \_\_\_\_\_ Number \_\_\_\_\_) No \_\_\_\_\_

Landscaping Required: Yes \_\_\_\_\_ No: \_\_\_\_\_ Building Type: CBS \_\_\_\_\_ W/F \_\_\_\_\_

\_\_\_\_\_  
 Permitting Supervisor Date

\_\_\_\_\_  
 Zoning Compliance Inspector Date

**PLEASE READ PRIOR TO FILLING OUT THIS APPLICATION**

**FICTITIOUS NAME REGULATIONS**

(May Apply to You)

If you use any name other than your personal name on this application it may require compliance with FICTITIOUS name laws before the Tax Collector can issue your Occupational License.

EXAMPLE: John Doe Plumbing, with John Doe as the only owner would not be required for a filing. If John Doe's wife Jane were also an owner, a fictitious name would need to be filed. Also, John's Plumbing or Doe's Plumbing would require the filing of a fictitious name.

Other exceptions may apply. They would have to be addressed on an individual basis.

If you have any questions regarding these State requirements or exemptions, please contact **St. Lucie County Tax Collector's** office located in Room 106 or phone 462-1650 before filling out this application.