

City of Port St. Lucie
 Business Tax Division
 121 S.W. Port St. Lucie Blvd, Bldg B
 Port St. Lucie, Fl. 34984
 Phone: (772) 344-4356
 Fax: (772) 344-4355



Occupancy Use and Zoning Review Permit Form

FEE: Inspection fee of \$75.00
BIC \$2.00
FBC \$2.00
\$79.00 (non-refundable)

PERMIT # _____

Date: _____

Upon receipt of emailed permit number issued by the Permitting Department, the Business Owner must schedule an inspection within 30 days _____ (initial)

Check Business Type:
 Change of Ownership Change of Occupancy New Business at this location Add services to existing business

<p>Business Owner: _____</p> <p>Business Name: _____</p> <p>Business Location: (include Suite and/or unit number) _____ Port St Lucie, Fl. 349 _____</p> <p>Office (____) _____ Cell (____) _____</p> <p>Email Address: _____</p>	<p>Property Owner's Name: _____</p> <p>Property Owner's Address: _____</p> <p>Office (____) _____ Cell (____) _____</p> <p>Email Address: _____</p>
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Nature of your business (Be specific, name every function) _____
 _____ **Business Start Date** _____

<p>Please check all that is applicable to your business:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Business/Professional Office <input type="checkbox"/> Medical Office <input type="checkbox"/> Daycare <input type="checkbox"/> Manufacturing (____) # of employees <input type="checkbox"/> Educational Center <input type="checkbox"/> Restaurant (____) # of seating <input type="checkbox"/> Retail <input type="checkbox"/> Storage <input type="checkbox"/> Auto Sales/Showroom Only <input type="checkbox"/> Auto Repair/Auto body (____) # of bays <input type="checkbox"/> Company Vehicles (____) # of vehicles <input type="checkbox"/> Company Vehicles parked overnight (____) how many <input type="checkbox"/> Other _____ 	<p>Legal Description:</p> <p>Section: Block: Lot:</p> <p>Parcel ID: _____</p> <p>Name of Plaza, if applicable _____</p> <p>If applicable, please describe exactly which bay you are located in from the N,S, E or W side of building. _____</p> <p>Is your business located in a strip center or a freestanding building? _____</p>
<p>What is the total square feet at this address? Storage _____ Production _____ Office _____</p>	<p>Does the business store, sell or use hazardous material? If so, how is it stored? _____</p>

ZONING COMPLIANCE

Zoning District: _____

Planner: _____ Date: _____ Approved: _____ Denied: _____

Conditions: _____