

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: _____

Permit will be emailed. Business Owner must call within 30 days to schedule inspection. _____ (initial)

Check Business Type:

☐ Change of Ownership ☐ Change of Occupancy ☐ New Business at this location ☐ Add services to existing business

Business Owner:**Business Name:** _____**Business Location:** (include Suite and/or unit number) _____

Port St Lucie, Fl. 349 _____

Office (____) _____ Cell (____) _____

Email**Address:** _____**Property Owner's Name:** _____**Property Owner's Address:** _____

Office (____) _____ Cell (____) _____

Email**Address:** _____

Nature of your business (Be specific, name every function) _____

Please check all that is applicable to your business:

- ☐ Business/Professional Office
☐ Medical Office
☐ Daycare
☐ Manufacturing (____) # of employees
☐ Educational Center
☐ Restaurant (____) # of seating
☐ Retail
☐ Storage
☐ Auto Sales/Showroom Only
☐ Auto Repair/Auto body (____) # of bays
☐ Company Vehicles (____) # of vehicles
☐ Company Vehicles parked overnight (____) how many
☐ Other _____

Legal Description:

Section: _____ Block: _____ Lot: _____

Parcel ID: _____

Name of Plaza, if applicable _____

If applicable, please describe exactly which bay you are located in from the N,S, E or W side of building.

Is your business located in a strip center or a freestanding building?

What is the total square feet at this address?

Storage _____ Production _____ Office _____

Does the business store, sell or use hazardous material? If so, how is it stored?

ZONING COMPLIANCE

Zoning District: _____

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

Conditions: _____