

Step 2 a.

REVIEW & INSPECTION FOR BTR

CITY CLERK, 100 N US HWY 1, FORT PIERCE, FL 34950

PH: 772-467-3065 cityclerk@cityoffortpierce.com

*All forms expire 6 months after submission.

Name of Business			
Location Address (include suite or unit)			
Telephone #		Email Address:	
Owner of Business/Applicant			
Nature of Business/Type of Service			
Describe your day to day operations (Be very specific)			
Business Classification to be completed by City Staff:			
Please check all that apply to your business			Parcel ID:
<input type="checkbox"/> Home Based Business (no building inspection required)	<input type="checkbox"/> Educational Center	Is your business located in a strip center or free-standing building?	
<input type="checkbox"/> Business/Professional Office	<input type="checkbox"/> Retail		
<input type="checkbox"/> Medical Office	<input type="checkbox"/> Storage	Name of Plaza, if applicable.	
<input type="checkbox"/> Daycare	<input type="checkbox"/> Arcade	Suite/Unit/Bay, if applicable	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Auto Sales/Showroom Only		
<input type="checkbox"/> Alcohol Sales and/or Tobacco	<input type="checkbox"/> Auto Repair/Auto Body (_____ # bays)		
<input type="checkbox"/> Restaurant (_____ # of seating)	<input type="checkbox"/> Company Vehicles (_____ #)		
<input type="checkbox"/> Hotel (_____ # of rooms)	<input type="checkbox"/> Vacation/Short Term Rental Minimum stay: _____		
<p><i>I hereby certify that the above information is true and correct. I further acknowledge that any misstatement, omission or false representation made by me in this application may result in a privilege revocation of such. I understand that the issuance of a business tax receipt means I have paid the local business tax.; it is not a vested right or other right to operate a use at the business location that is inconsistent with City zoning regulations or other ordinances or laws. It is my responsibility to verify that I am in compliance with all local and state requirements.</i></p>			
Signature of Applicant _____		Date _____	

PLANNING DEPARTMENT

FOR PLANNING OFFICE USE ONLY

Zoning District _____ Land Use _____

Planner _____ Date _____

Comments/Conditions: _____

Denied as Submitted (State reason) _____

CODE LIEN SEARCH – STRS

FOR CODE USE ONLY

LIEN SEARCH PERFORMED

Name _____ Date _____

Outstanding/active cases: YES NO

Outstanding balance due: YES NO

Results attached: YES NO

Step 2 b. BUILDING DEPARTMENT - Inspection required: Y _____ N

FOR BUILDING USE ONLY – Please return to Office of the City Clerk upon completion

Date Inspection Scheduled: _____ Existing Building Use and Occupancy per FBC _____

Approved: _____

Building Department Reviewer _____ Date _____ Proposed Use _____

Comments/Conditions: _____

Denied as Submitted (State reason) _____