

***All forms expire 6 months after submission.**

REVIEW & INSPECTION FOR BTR

CITY CLERK, 100 N US HWY 1, FORT PIERCE, FL 34950
 PH: 772-467-3065 cityclerk@cityoffortpierce.com

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"/> Business/Professional Office <input type="checkbox"/> Medical Office <input type="checkbox"/> Daycare <input type="checkbox"/> Manufacturing <input type="checkbox"/> Alcohol Sales and/or Tobacco <input type="checkbox"/> Restaurant (_____ # of seating) <input type="checkbox"/> Hotel (_____ # of rooms)	<input type="checkbox"/> Educational Center <input type="checkbox"/> Retail <input type="checkbox"/> Storage <input type="checkbox"/> Arcade <input type="checkbox"/> Auto Sales/Showroom Only <input type="checkbox"/> Auto Repair/Auto Body (_____ # bays) <input type="checkbox"/> Company Vehicles (_____ #) <input type="checkbox"/> Vacation/Short Term Rental Minimum stay: _____	Is your business located in a strip center or free-standing building?	
		Name of Plaza, if applicable.	
		Suite/Unit/Bay, if applicable	
<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>			
Signature of Applicant _____		Date _____	

FOR OFFICE USE ONLY

FOR PLANNING OFFICE USE ONLY	
Zoning District _____	Land Use _____
Planner _____	Date _____
Comments/Conditions: _____	
Denied as Submitted (State reason) _____	

FOR CODE USE ONLY	
LIEN SEARCH PERFORMED	
Name _____	Date _____
Outstanding/active cases:	YES NO
Outstanding balance due:	YES NO
Results attached:	YES NO

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) _____	