




APPLICATION FOR ZONING COMPLIANCE – BUSINESS (not in home)

Dear Business Owner,

Prior to completing the attached form for a business zoning compliance please read the following checklist. If you are an agent acting on behalf of the business owner please have the attached “Agent of Record Designation” form completed and submitted with the zoning compliance. If you are not in the Planning Office while completing this application and have questions or require additional information contact the Planner of the Day (POD) at 772-462-2822. Thank you.

✓	Checklist	Phone Number
1	Complete the attached form for the proposed business. This form will be reviewed for the permitted use within the zoning district. An incomplete application may result in a denial.	772-462-2822
2	Contact the Fire Department to schedule an inspection of the building. <ul style="list-style-type: none"> Lighted exit signs and emergency lights are required at all exits. Updated fire extinguishers are required. 	772-621-3322
5	Upon Fire Department sign-off and approval, contact planning staff to schedule an appointment to pick up your zoning compliance.	772-462-1687
6	If the business requires a license from the Division of Alcoholic Beverages and Tobacco provide a copy of the license to the Planning Division	772-468-3927
7	Landscaping is required to be in compliance with Land Development Code Section 7.09.04. Contact the Environmental Resources Department (ERD) to schedule a site visit and/or explain specific landscaping requirements.	772-462-2526
8	Parking spaces must be paved with an all-weather surface material and shall be marked either by painted lines, precast curbs or in a similar fashion to indicate parking spaces. All handicapped parking areas, striping details and sign requirements shall be in accordance with the requirements of Section 553.5041 Florida Statutes and the American Disabilities Act Accessibility Guidelines (ADAAG).	
9	Buildings shall be in compliance with the Florida Building Code. All restrooms must be compliant with current ADAAG accessibility regulations. This includes hand rails, dispensers, signage, etc. Change of occupancy may require interior modifications. Contact a plans examiner with the Building Department for any questions.	772-462-1553 
12	Temporary flags, banners, & pennants require a permit from the building department.	772-462-1553



PLANNING AND DEVELOPMENT SERVICES
 2300 Virginia Ave
 Fort Pierce, FL 34982
 Phone: 772-462-2822 – Fax: 772-462-1581

APPLICATION FOR ZONING COMPLIANCE – BUSINESS (not in home)

Permit #: _____ **Date of Application:** _____

Name of Business: _____

Description of Business: _____

Address of Business: _____ FL Zip _____

Number of Employees _____ / Number of Parking spaces available for business _____

Name of Shopping Center, if applicable: _____

Name & type of previous business in this location: _____

Name of Applicant: _____

Mailing Address: _____

Contact Information - Phone: _____ Email: _____

Property Tax ID # for business location: _____

If beer, wine or alcohol is being served at this location a copy of your liquor license issued by the Division of Alcoholic Beverages and Tobacco will be required prior to approving this zoning compliance.

I understand it is my responsibility to contact the Fire Department prior to the issuance of the Zoning Compliance. I further understand that a site inspection may be required to ensure compliance with applicable land development, building safety, and property maintenance regulations.

Signature **Print** **Date**

OFFICE USE ONLY:

		REQUIRED	YES	NO	NOTES
Zoning		Parking			
Land Use		Landscaping			
SIC Code		Building Permit for Change of Occupancy			
		Conditional Use Permit			

AGENT OF RECORD DESIGNATION

Signatures must be notarized

I (We), _____, hereby designate and appoint
_____, as my (our) Agent of Record for the purpose
of representing my (our) interests in the change of use process. My (Our) Agent of Record is
hereby vested with the authority to make any representations, agreements, or promises as well as
reject or accept any conditions imposed in conjunction with this matter.

Dated this _____ day of _____, 20__.

Applicant/Owner's Signature

Applicant/ Owner's Address

Print Name

Phone:

Agent's Signature

Agent's Address

Print Name

STATE OF _____)

Phone

COUNTY OF _____)

The forgoing instrument was acknowledged
before me this _____ day of _____, 20__.

By _____

Who is personally known to me or who as
produced _____

as identification.

Signature of Notary

Commission Number (seal)

Expires: _____