

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

Fee: \$75.00 (non-refundable)

The following information must be **COMPLETELY** filled out in order to properly process your application. If you do not know where to find this information, please ask our office how to retrieve this information.

Date: _____

Check Business Type: <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> New Business at this location <input type="checkbox"/> Add services to existing business	
Business Name: <hr/> Business Location: (include Suite and/or unit number) <hr/> Port St Lucie, Fl. 349_____ <p style="text-align: center;">Telephone Numbers</p> Work (_____) Cell (_____)	Property Owner's Name: <hr/> Property Owner's Address: <hr/> <p style="text-align: center;">Telephone Numbers</p> Office (_____) Cell (_____)
Date business started or will start at this location _____ Nature of your business (Be specific, name every function) _____ <hr/>	
Please check all that is applicable to your business: <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 _____	Legal Description: Section: Block: Lot: Parcel ID: <hr/> Name of Plaza, if applicable <hr/> If applicable, please describe exactly which bay you are located in from the N,S,E or W side of building. <hr/> 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?
OFFICE USE ONLY	
Previous Business _____ Type of Business _____ _____ No previous business at this location on file Inspection required: Yes: _____ No: _____ Reviewed by: _____ Date: _____ Approved: _____ Denied: _____ Inspector: _____ Inspection Date: _____ Approved: _____	
ZONING COMPLIANCE	
Zoning District: _____ Planner: _____ Date: _____ Approved: _____ Denied: _____ Conditions: _____	