



ZONING ADMINISTRATION
 DEVELOPMENT REVIEW
 COMPREHENSIVE PLANNING
 URBAN DESIGN
 HISTORIC PRESERVATION
 CULTURAL RESOURCES

CITY OF FORT PIERCE

2005 Florida League of Cities "City of Excellence" Award Winner

DEPARTMENT OF PLANNING

"IMPROVING THE WAY WE DO BUSINESS"

APPLICATION FOR CONDITIONAL USE

Project Name: _____

1. Project description for which Conditional Use approval is requested. _____

2. Property Tax I.D. # _____

3. Property address _____

4. Zoning district _____ 5. Future Land Use _____

6. Name of owner(s): _____

Signature of owner(s): _____

Mailing Address: (street) _____

(City) _____ (State) _____ (zip) _____

Phone # _____

7. Name of Applicant: (if different from owner): _____

Signature of applicant: _____

Mailing Address: (street) _____

(City) _____ (State) _____ (zip) _____

Phone # _____

8. Name of Representative: (if different from owner): _____

Signature of applicant: _____

Mailing Address: (street) _____

(City) _____ (State) _____ (zip) _____

Phone # _____

- Required Items:**
- Site Plan w/parking, fencing, landscaping, etc
 - Building layout,
 - Current Survey

An Intake Review Meeting will be required before any submittals are accepted

To be completed by the City of Fort Pierce

Date Received _____

By _____

Fee of \$500.00 _____

Receipt Number RCPT- _____