



**CITY OF FORT PIERCE  
COMMUNITY DEVELOPMENT DEPARTMENT  
PLANNING DIVISION**

COMPREHENSIVE PLANNING ♦ DEVELOPMENT REVIEW  
HISTORIC PRESERVATION ♦ URBAN DESIGN ♦ URBAN FORESTRY ♦ ZONING

**APPLICATION FOR WAIVER OF DISTANCE  
4APS or 4COP License Series**

Name of Establishment: \_\_\_\_\_

1. Address : \_\_\_\_\_

2. Legal Description: \_\_\_\_\_  
\_\_\_\_\_

3. Property Tax ID: \_\_\_\_\_

4. Zoning District: \_\_\_\_\_

5. Size of described property: \_\_\_\_\_

6. Series of license being applied for: \_\_\_\_\_

7. Type and size of establishment: \_\_\_\_\_  
\_\_\_\_\_

8. Describe any churches, schools, other place of business selling alcoholic beverages, beer and/or wine for consumption on the premises or selling alcoholic beverages/intoxicating beverages in sealed containers for consumption off the premises that are located within 1,600 feet of are the restaurant: \_\_\_\_\_  
\_\_\_\_\_

9. Have parking requirements in Sections 3-9(7), 22-60 and 22-61, *Fort Pierce Code of Ordinances*, been met? \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Have landscaping requirements in 22-187, *Fort Pierce Code of Ordinances*, been met?  
\_\_\_\_\_ Yes \_\_\_\_\_ No, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Will the proposed establishment create a public nuisance or traffic impediment by drawing crowds or persons milling about outside the building? \_\_\_\_\_  
\_\_\_\_\_

12. Hours of operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
to	to	to	to	to	to	to

13. Name of property Owner(s): \_\_\_\_\_  
Signature of Owner(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_

14. Name of Applicant: \_\_\_\_\_  
Signature of Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
E-mail: \_\_\_\_\_

15. Name of Representative: \_\_\_\_\_  
Signature of Representative: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
E-mail: \_\_\_\_\_

**APPLICATION ATTACHMENTS:**

- a. Application fee of \$100.00
- b. 17 copies of application packets are required for Planning Board  
12 copies of application packets are required for City Commission
- c. Application Packets to include  
Photometric Plan and  
Sketch showing parking, landscaping, and building layout with square footage -  
including kitchen, bar area, seating, and restrooms.

TO BE COMPLETED BY CITY	
Date received: _____	By: _____
Fee Paid: <u>    \$100.00    </u>	Receipt #: _____