



USE PERMIT APPLICATION

SIGNS: If you will be altering or erecting a sign you must apply for a sign permit, this includes tenant panel changes, even if a USE permit is not required.

Business Name: _____

Business Location Address: _____ Unit #: _____

Strap #: _____

Contact Person: _____ Daytime Phone #: _____

Email Address: _____

Contact Person's mailing address: _____

Directions to property: _____

Current Use: _____ Proposed Use: _____

Current Zoning District: _____ Estimated SQ FT of proposed unit: _____

Provide a brief description and an explanation of the intent of your business. Include the hours of operation.

Does proposed use impact existing parking? ☐ NO ☐ YES

Will the electricity need to be connected? ☐ NO ☐ YES

Water Source: ☐ Well ☐ Public Water Waste Water Collection: ☐ Septic Tank ☐ Public Sewer

Will the landlord provide a 'Shared Container' for garbage collection? ☐ NO ☐ YES

If yes, landlords name and phone #: _____

Check which of the following you are applying for, provide the items requested along with your application.

- ☐ **New Occupancy \$100**, submit a site plan, submit the existing and proposed floor plan.
- ☐ **Tenant Change \$100 / \$35***, submit a site plan, submit the existing and proposed floor plan. Provide the name of the prior tenant: _____
- * If there have been no building inspections in the last 2 years, the fee will be \$100.
- ☐ **Shared Space – Office \$35**, provide name of current business _____
- ☐ **Shared Space – Other \$100**, submit a site plan, submit the existing and proposed floor plan, and provide the name of the current business: _____
- ☐ **Executive Suite \$35**: Name of the Executive Suite: _____
- ☐ **Plant Nursery \$35**: Provide 1 copy of the site plan and proof of restroom facilities.

DEPARTMENT OF COMMUNITY DEVELOPMENT
9401 CORKSCREW PALMS CIRCLE • ESTERO, FL 33928
PHONE (239) 221-5036 | FAX (239) 319-2235
<https://estero-fl.gov>



USE PERMIT APPLICATION

Building Information:

Building use group: _____

Mixed-use groups: ☐ NO ☐ YES

Building area (SF): _____

Construction type: _____

Building height: _____

No. of stories: _____

Current fire sprinkler system: ☐ NO ☐ YES

Supporting documents: (Please provide to aid in review process)

- ☐ Proof of existing building use group, such as past utility bills, insurance statement, lease agreement, etc.
- ☐ Most recent fire safety inspection reports by the local fire authority showing no outstanding violations.
- ☐ Existing building floor plan with room name, dimension, and occupant load (& age of children if in daycare rooms) for EACH ROOM and location of building exits.
- ☐ Provision of container spaces per Section 10-261 of Lee County Land Development Code.

Describe waste pick-up provisions: _____

THIS PERMIT IS VOID IF THE FIRST INSPECTION IS NOT MADE WITHIN SIX (6) MONTHS FROM THE DATE ISSUED OR IF NO INSPECTION HAS BEEN MADE FOR A PERIOD OF SIX (6) MONTHS FROM THE MOST RECENTLY PASSED INSPECTION. THE PERMIT IS VOID IF THE ZONING CLASSIFICATION IS VIOLATED. APPLICANT AGREES TO COMPLY WITH THE SANITARY REGULATIONS AND UNDERSTANDS THAT THE PROPOSED STRUCTURE MAY NOT BE USED OR OCCUPIED UNTIL AN APPROVED CERTIFICATE OF OCCUPANCY IS ISSUED. APPLICANT FURTHER UNDERSTANDS THAT FAILURE TO OBTAIN PERMIT OR MISREPRESENTATION OF THE IMPROVEMENTS IS A MISDEMEANOR AND UPON CONVICTION, APPLICANT CAN BE PUNISHED AS PROVIDED BY THE LAW. FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR IMPROVEMENTS.

I hereby certify that to the best of my knowledge, the information submitted for this permit is true & correct and complies with Deed of Restrictions.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

ZONING: ☐ APPROVED ☐ DENIED

BY: _____

BUILDING: ☐ APPROVED ☐ DENIED

BY: _____