



City of Stuart Commercial Property Report



CPR

APPLICANT INFORMATION	
Owner(s) Name:	
Owner(s) Address:	
Owner(s) Phone:	Owner(s) Email:
Authorized Agent ⁱ :	
Agent Address:	
Agent Phone:	Agent Email:
I (owner) authorize _____ to act as my agent in all matters pertaining to this application	
Signature of owner or owner's agent:	

PROPERTY INFORMATION	
Street address of property:	
Square footage of building:	
Detailed description of proposed or desired use and objectives for property:	
If available, attach a survey: <input type="checkbox"/>	Parcel Control Number #:
If available, attach copy of deed: <input type="checkbox"/>	

ⁱ Authorized Agent may include an Architect, Attorney, Contractor, Engineer, Land Use Planner, Landscape Architect, Real Estate Agent or Potential Tenant