

Print

Application For Appointment/Reappointment - Submission #24838

Date Submitted: 6/13/2026

Name of Board or Boards for which you are applying:*

Planning

Name:*

Brandon Nobile

Home Address:*

606 S 8th St

City:*

Fort Pierce

State:*

FL

Zip:*

34950

How long at this address?*

7 years

Telephone Number*

7723497015

If less than two years, provide prior address:

201 S 2nd St, Suite 100

Are you a citizen of the United States? *



Yes



No

Occupation: *

Business Owner

Employer:*

Remnant Construction

Do you own a business that operates within the City of Fort Pierce?*



Yes



No

If yes, list the address and nature of said business:

201 S 2nd St, Suite 100, Fort Pierce, FL 34950. Contractor

Do you now or in the future plan to do business with the City of Fort Pierce or the Fort Pierce Utilities Authority(FPUA)?*



No

Yes

☒

No

If yes, in which organization and in what capacity?

Remnant Construction

Are you employed by a business that is located within the City of Fort Pierce?*

☒

Yes

☐

No

If yes, state the business and location:

Remnant Construction

Do you have special training or knowledge in the area of:

Engineering:*

☒

Yes

☐

No

Architecture:*

☒

Yes

☐

No

Real Estate
Brokering:*

☒

Yes

☐

No

Finanace/Accounting:*

☒

Yes

☐

No

NO

Contracting:*

☒

Yes

☐

No

Land Development:*

☒

Yes

☐

No

Utilities:

☒

Yes

☐

No

Management:*

☒

Yes

☐

No

Describe your professional background and what expertise you will bring to this Board. (Attach your resume or other applicable information below if desired) *

I have been in construction and development for over 2 decades and have successfully started a company that has completed over \$300 million in new construction on the Treasure Coast.

Are you currently a member of a Commission-appointed board/committee?*

☒

Yes

☐

No

If yes, please specify:

Contractor Licensing Board

Have you ever been convicted of a felony?*

☐

Yes

yes



No

If yes, what was the nature of the crime(s) you were convicted of:

If appointed, are you willing to attend a training session which could last several hours?*



Yes



No

Referred by:*

Applicant Email Address:*

Date:*

Applicant's Signature:*

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

For additional information, please contact the City Clerk's Office at 772.467.3065 or email lcx@cityoffortpierce.com.

Upload Resume (Optional)

Choose File

No file chosen