

APPLICATION FOR SITE PLAN REVIEW

ONLY COMPLETE SUBMISSIONS WILL BE PROCESSED

CITY OF PORT ST. LUCIE
PLANNING & ZONING DEPARTMENT
(772) 871-5213

P&Z File No. 23-199

Fees (Nonrefundable) \$ _____ Arch.: \$ _____

Receipt #(s): _____

PRIMARY CONTACT EMAIL ADDRESS: george@2gho.com/pat@2gho.com/dan@2gho.com

PROJECT NAME: MedSquare Becker Road

LEGAL DESCRIPTION: Lots 1,2 and 3 Becker Commons, According to the Plat thereof, as recorded in Plat Book 62, Page 1 of Public Records of St. Lucie County.

LOCATION OF PROJECT SITE: being bounded on the east by Junietta Terrace; on the south by Janice Avenue and the west by Lassiter Terrace

PROPERTY TAX I.D. NUMBER: 3420-665-0013-000/6

STATEMENT DESCRIBING IN DETAIL Proposed is a 67,200 square foot 2-story medical office building

THE CHARACTER AND INTENDED USE Medical offices
OF THE DEVELOPMENT:

GROSS SQ. FT. OF STRUCTURE (S): 67,200 s.f.
NUMBER OF DWELLING UNITS & DENSITY
FOR MULTI-FAMILY PROJECTS: N/A

UTILITIES & SUPPLIER: City of Port St. Lucie

GROSS ACREAGE & SQ. FT. OF SITE: 5.80 acres/252,648 s.f. **ESTIMATED NO. EMPLOYEES: _____

FUTURE LAND USE DESIGNATION: CL ZONING DISTRICT: Professional (P)

OWNER(S) OF PROPERTY: A M Development LLC
Name, Address, Telephone & Fax No.: 30924 Bay Shore Drive Big Pine Key FL 33043

APPLICANT OR AGENT OF OWNER: Flagler + MP Healthcare Development LLC - Alberto Perez 2GHO, Inc. - George G. Gentile (george@2gho.com)
Name, Address, Telephone & Fax No.: Two S. Biscayne Boulevard Suite 2000 Miami FL 33131 1907 Commerce Lane Suite 101 Jupiter FL
561-575-9557 pat@2gho.com/dan@2gho.com

PROJECT ARCHITECT/ENGINEER: Modis Architects Engineer: Mills Short Associates
(Firm, Engineer Of Record, Robert K Morisette J. Wesley Mills
Florida Registration No., Contact AR93259
Person, Address, Phone & Fax No.) Lillian Marin-Saenz 786-879-8882 Katie Rodgers - 772-226-7282

- I hereby authorize the above listed agent to represent me. I grant the planning department permission to access the property for inspection.
- I fully understand that prior to the issuance of a building permit and the commencement of any development, all plans and detail plans must be reviewed and approved by the City pursuant to Sections 158.237 through 158.245, inclusive, of the zoning ordinance.

***When a corporation submits an application, it must be signed by an officer of the corporation.** Corporation signatures must be accompanied with an approved resolution authorizing the individual to sign such applications.

NOTE: Signature on this application acknowledges that a certificate of concurrency for adequate public facilities as needed to service this project has not yet been determined. Adequacy of public facility services is not guaranteed at this stage in the development review process. Adequacy for public facilities is determined through certification of concurrency and the issuance of final local development orders as may be necessary for this project to be determined based on the application material submitted.


OWNER'S SIGNATURE

George G. Gentile
HAND PRINT NAME

Agent
TITLE

November 20, 2023
DATE

July 13, 2023


City of Port St. Lucie
Planning & Zoning Department
121 SW Port St. Lucie Boulevard
Port St. Lucie, FL 34984

Re: MedSquare Becker - Agent Letter

This letter is to serve as permission for George G. Gentile, Patricia Lentini and Dan Siemsen of 2GHO, Inc., to act as the agents to prepare and submit all documentation and attend all meetings pertaining to the property as above described, as it relates to the zoning process and site plan review process.

Sincerely,

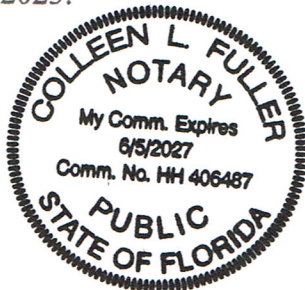
A M DEVELOPMENTS, LLC

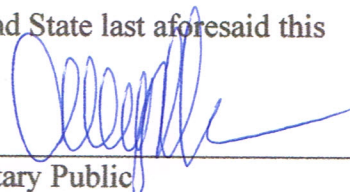
By: 
Print Name: MICHAEL REINSTEIN
Title: MANAGING MEMBER

STATE OF Florida
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared Michael Reinstein known to me and known by me to be the Managing member of A M DEVELOPMENTS, LLC, a Florida limited liability company, and he/she acknowledged before me that he/she executed the foregoing as such officer for and on behalf of said company. He/She is personally known to me or has produced ___ as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 13th day of July, 2023.




Notary Public