## **SUBDIVISION PLAT APPLICATION**

## **ONLY COMPLETE SUBMISSIONS WILL BE PROCESSED**

CITY OF PORT ST. LUCIE PLANNING & ZONING DEPARTMENT (772)871-5213	F	P&Z File No Tee (Nonrefundable)\$ Receipt #
PRIMARY CONTACT EMAIL ADDRESS: ds	orrow@cotleur-hearin	g.com
PROJECT NAME: Crosstown Parkway Plat 2-B	Preliminary Plat	
LEGAL DESCRIPTION: Please see attached Legal De	escription	
LOCATION OF PROJECT SITE: South of Verano	Development and East of Range	e Line Rd
PROPERTY TAX I.D. NUMBER: 4304-200-0001-0	000-6	
CIRCLE ONE: PRELIMINARY	FINAL	PRELIMINARY & FINAL
PROPOSED USE: Crosstown Parkway R-O-W E	extension	
GROSS SQ. FT. OF STRUCTURE(S): N/A		
NUMBER OF DWELLING UNITS & DENSITY FOR MULTI-FAMILY PROJECTS: Not Appl	icable	
UTILITIES & SUPPLIER: Water and Sewer: City of F	SL. Power: FPL, Phone and CA	TV:Hometown Cable
GROSS ACREAGE & SQ. FT. OF SITE: 18.1	58 AC/ 790,977 SF	
FUTURE LAND USE DESIGNATION: RGC	ZONING	DISTRICT: SLC-AG-5
OWNER(S) OF PROPERTY: NAME, ADDRESS, TELEPHONE & FAX NO.	City of Port St. Lucie 121 SW Port St. Lucie Blvd, Po 772-871-5212	rt St. Lucie, FL 34984
APPLICANT OR AGENT OF OWNER: NAME, ADDRESS, TELEPHONE & FAX NO.	Applicant- DK Central Park LLC 105 NE 1st St, Delray Baech, F 772-349-8065	
PROJECT ARCHITECT/ENGINEER: (FIRM, ENGINEER OF RECORD	Shaun G. Mackenzie; Mackenz 1172 SW 30th street, suite 500	
FLORIDA REGISTRATION NO., CONTACT PERSON, ADDRESS, PHONE & FAX No.)	561-203-7505 Plat: Scott Bahr- Geopoint Surv	reying, Inc 561-444-2720
. I HEREBY AUTHORIZE THE ABOVE LISTE DEPARTMENT PERMISSION TO ACCESS THE		
- I FULLY UNDERSTAND THAT PRIOR TO THE OF ANY DEVELOPMENT ALL PLANS AND DE- PURSUANT TO SUBDIVISION REGULATIONS C	TAIL PLANS MUST BE REV	
<b>NOTE:</b> Signature on this application acknowledgeneeded to service this project has not yet been do this stage in the development review process. concurrency and the issuance of final local development.	etermined. Adequacy of pu Adequacy for public faciliti	ublic facility services is not guaranteed at es is determined through certification of

based on the application material submitted.

OWNER'S SIGNATURE

Daniel T. Sorrow

HAND PRINT NAME

PM/ Agent

TITLE

05-12-2022

DATE