

**SUBDIVISION PLAT APPLICATION**

**ONLY COMPLETE SUBMISSIONS WILL BE PROCESSED**

**CITY OF PORT ST. LUCIE**  
PLANNING & ZONING DEPARTMENT  
(772)871-5212 FAX: (772)871-5124

P&Z File No. \_\_\_\_\_  
Fee (Nonrefundable)\$ \_\_\_\_\_  
Receipt # \_\_\_\_\_

.....  
PRIMARY CONTACT EMAIL ADDRESS: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

LOCATION OF PROJECT SITE: \_\_\_\_\_

PROPERTY TAX I.D. NUMBER: \_\_\_\_\_

CIRCLE ONE:                      **PRELIMINARY**                      **FINAL**                      **PRELIMINARY & FINAL**

PROPOSED USE: \_\_\_\_\_

GROSS SQ. FT. OF STRUCTURE(S): \_\_\_\_\_

NUMBER OF DWELLING UNITS & DENSITY  
FOR MULTI-FAMILY PROJECTS: \_\_\_\_\_

UTILITIES & SUPPLIER: \_\_\_\_\_

GROSS ACREAGE & SQ. FT. OF SITE: \_\_\_\_\_

FUTURE LAND USE DESIGNATION: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

OWNER(S) OF PROPERTY:  
NAME, ADDRESS, TELEPHONE & FAX NO. \_\_\_\_\_  
\_\_\_\_\_

APPLICANT OR AGENT OF OWNER:  
NAME, ADDRESS, TELEPHONE & FAX NO. \_\_\_\_\_  
\_\_\_\_\_

PROJECT ARCHITECT/ENGINEER:  
(FIRM, ENGINEER OF RECORD) \_\_\_\_\_  
\_\_\_\_\_

FLORIDA REGISTRATION NO., CONTACT  
PERSON, ADDRESS, PHONE & FAX No.) \_\_\_\_\_  
\_\_\_\_\_

.....  
- 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 SUBDIVISION REGULATIONS CHAPTER 156.

**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.

Michael P. Fogarty                      Michael Fogarty                      Director of Land Dev.                      11/04/21  
OWNER'S SIGNATURE                      HAND PRINT NAME                      TITLE                      DATE