

TYPE	STATUS	BUILDING TYPE	
PR	CUSTOMER RESPONDED		
ASSIGNED TO			
Breanna Vasquez; Public Works Engineering; Ivan Betancourt; Bret Kaiser; Francis Forman			
ADDRESS			
1800 SE Tiffany Ave, Port St Lucie			
SECTION	BLOCK	LOT	
50	Tr E		
LEGAL DESCRIPTION			
Parcel #1: PORT ST LUCIE-SECTION 50 - TRACT E-LESS AS IN OR 394-2490- (16.96AC) (MAP 44/01N) (OR 394-2490)			
SITE LOCATION			
South-Eastern quadrant of the intersection of US-1 and SE Tiffany Ave.			
PARCEL #			
3420-750-0005-000-8			
CURRENT LANDUSE	PROPOSED LANDUSE	CURRENT ZONING	PROPOSED ZONING
I		I	PUD
ACREAGE	NON-RESIDENTIAL SQ. FOOTAGE	NO. OF RESIDENTIAL UNITS	
16.96			
NO. OF LOTS OR TRACTS	NO. OF SHEETS IN PLAT		
0	0		
UTILITY PROVIDER			
CITY OF PORT ST. LUCIE			
DESCRIBE REQUEST			
The St. Lucie HCA Hospital PUD is a master planned medical campus composed of approximately 16.96 ac. The St. Lucie Medical Center hospital facility currently exists on the larger of the three parcels, an existing day care facility located on one of the smaller parcels is intended to be redeveloped to provide parking to support the expanded medical program, and the third parcel hosts a supporting medical office with a parking lot and is intended to remain. The intent of the rezoning application is to provide development criteria for the expansion of the existing hospital campus to continue to adequately serve the growing population and address non-conforming elements of the existing site arrangement.			
Primary Contact Email			
myates@lucidodesign.com			
AGENT/APPLICANT			
FIRST NAME	LAST NAME		
Matthew	Yates		
Business Name			
Lucido and Associates			
ADDRESS			
701 E Ocean Blvd			
CITY	STATE	ZIP	
Stuart	FL	34994	
EMAIL		PHONE	

myates@lucidodesign.com

7722202100

AUTHORIZED SIGNATORY OF CORPORATION

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE

PROJECT ARCHITECT/ENGINEER

FIRST NAME

LAST NAME

Business Name

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE

PROPERTY OWNER

Business Name

Hospital Corp America (HCA)

ADDRESS

PO Box 1504

CITY

STATE

ZIP

Nashville

TN

37202

EMAIL

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FINAL PERMIT INSPECTION REQUIRED BY: