

P26-036

Haredo Realty Advisors, Inc. and Ghanie, John &
Joan

TYPE	STATUS	BUILDING TYPE
VAR	P&Z MEETING SCHEDULED	COMM

ASSIGNED TO

Anne-Marie Ludlum; Sofia Trail

ADDRESS

SECTION	BLOCK	LOT
23	1616	6 & 7-10

LEGAL DESCRIPTION

LOT 6, BLOCK 1616, OF PORT ST. LUCIE SECTION TWENTY THREE, A SUBDIVISION ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 13, PAGES 29, 29A THROUGH 29D, OF THE PUBLIC RECORDS OF ST. LUCIE COUNTY, FLORIDA.

And LOTS 7 THROUGH 10, BLOCK 1616, PORT ST. LUCIE SECTION TWENTY THREE, ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 13, PAGE 29, PUBLIC RECORDS OF SAINT LUCIE COUNTY, FLORIDA.

SITE LOCATION

NW Corner of SW Gatlin Blvd & SW Bougainvillea Ave

PARCEL #

3420-610-0716-000-4 3420-610-0717-000-1 3420-610-0718-000-8 3420-610-0719-000-5
3420-610-0715-000-7

CURRENT LANDUSE	PROPOSED LANDUSE	CURRENT ZONING	PROPOSED ZONING
		RS-2	

ACREAGE	NON-RESIDENTIAL SQ. FOOTAGE	NO. OF RESIDENTIAL UNITS
1.59		

NO. OF LOTS OR TRACTS	NO. OF SHEETS IN PLAT
0	0

UTILITY PROVIDER**DESCRIBE REQUEST**

The applicant proposes construction of a 10,062 square-foot Dollar Tree retail store. To facilitate this development, the following approvals are requested: (1)LMD Rezoning to permit proposed commercial use; (2) Special Exception to allow a single retail tenant exceeding 5,000 square feet; and (3) Landscape Variance (submitted under separate cover) to reduce the required buffer from 15 feet to 10 feet and to permit placement of required trees outside the buffer area due to the location of a required 6-foot masonry wall, the 10-foot buffer, and the remaining portion of the existing 10-foot drainage easement. (4) Setback Variance – North Setback of 25 feet from single family zoned parcels. Minimum rear setback needed is 10 feet.

Primary Contact Email

rsinger@thomaseg.com

AGENT/APPLICANT

FIRST NAME	LAST NAME
Edward	McDonald

Business Name

Thomas Engineering Group

ADDRESS

1502 W Fletcher Ave

CITY

Tampa

STATE

FL

ZIP

33612

EMAIL

emcdonald@thomaseg.com

PHONE

8133794100

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

Haredo Realty Advisors Inc.

ADDRESS

11232 SW Village CT, Apt 204

CITY

Port St Lucie

STATE

FL

ZIP

34987

EMAIL

haldodt@me.com

PHONE

(772) 631-3703

FINAL PERMIT INSPECTION REQUIRED BY:

January 7, 2026

LETTER OF AUTHORIZATION

To Whom It May Concern:

Please accept this letter as authorization for Thomas Engineering Group LLC, to serve as Agent for any permitting or other governmental approvals including City of Port St. Lucie, St. Lucie County, FDEP, and SWFWMD, on behalf of Sharon Etoria, for the proposed development located at Parcel No.: 3420-610-0714-000-0 in the City of Port Saint Lucie. I hereby designate and authorize Thomas Engineering Group, LLC to act on my behalf, or on behalf of my corporation, as the agent in the processing of this application for the permit and/or proprietary authorization indicated above; and to furnish, on request, supplemental information in support of the application. In addition, I authorize the above-listed agent to bind me, or my corporation, to perform any requirements which may be necessary to procure the permit or authorization indicated above. I understand that knowingly making any false statement or representation in this application is a violation of Section 373.430, F.S., and 18 U.S.C. Section 1001.

Signature:

Sharon Davis Etoria

Company:

Printed Name: Sharon Davis Etoria

Title:

Address: 1624 Dore Rd

City: Paducah State: TX Zip: 77584

Phone: 281-250-2757

Email: sdetoria@gmail.com

STATE OF TEXAS

COUNTY OF BRAZORIA

On this 13 day of January, 20 26, before me, the undersigned Notary Public of the State of TEXAS, personally appeared Sharon Davis Etoria and whose name(s) is/are subscribed to the within instrument, and acknowledge that he/she/they executed it. The individual(s) is/are personally known to me, or ☒ presented the following identification: Driver License

WITNESS my hand and official seal.

NOTARY SEAL & COMMISSION EXPIRATION: April 14, 2027

Xenia A Romero
Notary Signature



November 26, 2025

LETTER OF AUTHORIZATION

To Whom It May Concern:

Please accept this letter as authorization for Thomas Engineering Group LLC, to serve as Agent for any permitting or other governmental approvals including City of Homosassa, Citrus County, FDEP, and SWFWMD, on behalf of John Mohamed Ghanie and Joan Davis-Ghanie Living Trust, for the proposed development located at Parcel No.: 3420-610-0715-000-7 in The City of Port St. Lucie.

I hereby designate and authorize **Thomas Engineering Group, LLC** to act on my behalf, or on behalf of my corporation, as the agent in the processing of this application for the permit and/or proprietary authorization indicated above; and to furnish, on request, supplemental information in support of the application. In addition, I authorize the above-listed agent to bind me, or my corporation, to perform any requirements which may be necessary to procure the permit or authorization indicated above. I understand that knowingly making any false statement or representation in this application is a violation of Section 373.430, F.S., and 18 U.S.C. Section 1001.

Signature: [Signature]
Company: John Mohamed Ghanie and Joan Davis-Ghanie Living Trust

Printed Name: JOHN M GHANIE

Title: _____

Address: 756 VERNON AVE

City: VENICE State: CA Zip: 90291

Phone: (310) 399-7131

Email: JGHANIE@HOTMAIL.COM

Signature: [Signature]
Company: John Mohamed Ghanie and Joan Davis-Ghanie Living Trust

Printed Name: JOAN DAVIS GHANIE

Title: _____

Address: 756 VERNON AVE

City: VENICE State: CA Zip: 90291

Phone: 310-399-7131

Email: JGhanie@HOT

STATE OF California COUNTY OF Los Angeles
On this 26 day of November, 2025, before me, the undersigned Notary Public of the State of California, personally appeared Joan Davis Ghanie and John M Ghanie and whose name(s) is/are subscribed to the within instrument, and acknowledge that he/she/they executed it. The individual(s) is/are personally known to me, or ☒ presented the following identification: 2 Drivers Licenses state of California

WITNESS my hand and official seal.

SEE ATTACHED DOCUMENT

NOTARY SEAL & COMMISSION EXPIRATION:

March 09, 2026

Notary Signature _____

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

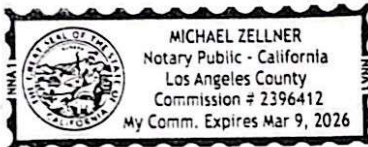
State of California

County of Los Angeles }

On Nov 26, 2025 before me, Michael Zellner, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Joan Davis-Ghanie and John M Ghanie
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that ~~he~~ she/they executed the same in ~~his~~ her/their authorized capacity(ies), and that by ~~his~~ her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Michael Zellner
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____

☐ Corporate Officer – Title(s): _____ ☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General ☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact ☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator ☐ Trustee ☐ Guardian or Conservator

☐ Other: _____ ☐ Other: _____

Signer is Representing: _____ Signer is Representing: _____

HAREDO Realty Advisors, Inc.

November 19, 2025

LETTER OF AUTHORIZATION

To Whom It May Concern:

Please accept this letter as authorization for Thomas Engineering Group LLC, to serve as Agent for any permitting or other governmental approvals including City of Port St. Lucie, St. Lucie County, FDEP, and SWFWMD, on behalf of **Haredo Realty Advisors Inc.** for the proposed development located at **Parcel Number(s): 3420-610-0716-000-4, 3420-610-0717-000-1, 3420-610-0718-000-8, 3420-610-0719-000-5 in The City of Port St. Lucie.**

I hereby designate and authorize **Thomas Engineering Group, LLC** to act on my behalf, or on behalf of my corporation, as the agent in the processing of this application for the permit and/or proprietary authorization indicated above; and to furnish, on request, supplemental information in support of the application. In addition, I authorize the above-listed agent to bind me, or my corporation, to perform any requirements which may be necessary to procure the permit or authorization indicated above. I understand that knowingly making any false statement or representation in this application is a violation of Section 373.430, F.S., and 18 U.S.C. Section 1001.

Signature: Harold Dodt
Company: HAREDO Realty Advisors, Inc
Printed Name: Harold Dodt
Title: President
Address: 11232 SW Village Ct # 204
City: Port St Lucie State: FL Zip: 34987
Phone: 772-631-3703
Email: haldodt@me.com

STATE OF Florida COUNTY OF Saint Lucie
On this 21st day of November, 20 25, before me, the undersigned Notary Public of the State of Florida, personally appeared Harold Dodt and whose name(s) is/are subscribed to the within instrument, and acknowledge that he/she/they executed it. The individual(s) is/are personally known to me, or ✓ presented the following identification: FL-DL

WITNESS my hand and official seal.

NOTARY SEAL & COMMISSION EXPIRATION: NOV 27, 2027

Nina D'Amato
Notary Signature

