## **SUBDIVISION PLAT APPLICATION**

## ONLY COMPLETE SUBMISSIONS WILL BE PROCESSED

CITY OF PORT ST. LUCIE PLANNING & ZONING DEPARTMENT (772)871-5213			P&Z File No Fee (Nonrefundable)\$ Receipt #
PRIMARY CONTACT EMAIL ADDRESS: dsorrow@cotleur-hearing.com			
PROJECT NAME:	Verano South Pod D Plat 4 Final Plat - Replat 1		
LEGAL DESCRIPTION: Please see attached legal description			
LOCATION OF PROJECT SITE: West off of POD D Plat 1, see attached map on the Plat.			
PROPERTY TAX I.D. N	UMBER: 3328-322-0	000-000-2	
CIRCLE ONE:	PRELIMINARY	FINAL	PRELIMINARY & FINAL
PROPOSED USE:	Residential		
GROSS SQ. FT. OF ST	RUCTURE(S):N	I/A	
NUMBER OF DWELLING UNITS & DENSITY FOR MULTI-FAMILY PROJECTS: 245			
UTILITIES & SUPPLIER: W&S: City of PSL; Power: FPL; Phone and CATV: Hometown Cable			
GROSS ACREAGE & SQ. FT. OF SITE: 90.223 AC			
FUTURE LAND USE D	ESIGNATION: RGC	ZONIN	G DISTRICT: PUD
OWNER(S) OF PROPE NAME, ADDRESS, TEL			
APPLICANT OR AGEN NAME, ADDRESS, TEL			leur and Hearing ne, Suite 1, Jupiter, FL 33458 rrow@cotleur-hearing.com
PROJECT ARCHITECT (FIRM, ENGINEER OF			as Engineering bulmer@thomaseg.com , Suite 206, Jupiter, FL 33458
FLORIDA REGISTRATI PERSON, ADDRESS, F	•		sbahr@geopoint.com eopoint Surveying 561-444-2720
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.			
<b>NOTE:</b> 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.			

Daniel T. Sorrow

HAND PRINT NAME

**OWNER'S SIGNATURE** 

01.15.2024

DATE

PM/ Agent

TITLE