

APPLICATION FOR SITE PLAN REVIEW

ONLY COMPLETE SUBMISSIONS WILL BE PROCESSED

CITY OF PORT ST. LUCIE
PLANNING & ZONING DEPARTMENT
(772) 871-5213

P&Z File No. _____
Fees (Nonrefundable) \$ _____ Arch.: \$ _____
Receipt #(s): _____

PRIMARY CONTACT EMAIL ADDRESS: mdangelo@cphcorp.com

PROJECT NAME: AutoZone Port St. Lucie Expansion

LEGAL DESCRIPTION: ST LUCIE GARDENS 12 37 40 BLK 1 THAT PORTION OF LOTS 12 AND 13..

LOCATION OF PROJECT SITE: 10490 South Federal Highway, Port St. Lucie, FL

PROPERTY TAX I.D. NUMBER: 3414-501-4704-020-7

STATEMENT DESCRIBING IN DETAIL 12,720 SF expansion to existing 7,621 SF AutoZone

THE CHARACTER AND INTENDED USE Retail Auto Parts Store
OF THE DEVELOPMENT: _____

GROSS SQ. FT. OF STRUCTURE (S): 7,621 SF existing, 12,720 SF expansion: 20,341 SF total
NUMBER OF DWELLING UNITS & DENSITY
FOR MULTI-FAMILY PROJECTS: _____

UTILITIES & SUPPLIER: City of Port St. Lucie

GROSS ACREAGE & SQ. FT. OF SITE: 3.47 ac/151,273 SF**ESTIMATED NO. EMPLOYEES: _____

FUTURE LAND USE DESIGNATION: Commercial ZONING DISTRICT: GC

OWNER(S) OF PROPERTY: AutoZone, Inc.

Name, Address, Telephone & Fax No.: P.O. Box 2198
Memphis, TN 38101

APPLICANT OR AGENT OF OWNER: CPH, LLC

Name, Address, Telephone & Fax No.: 5601 Mariner Street, Suite 105, Tampa, FL 33609
813-288-0233 mdangelo@cphcorp.com

PROJECT ARCHITECT/ENGINEER: CPH, LLC

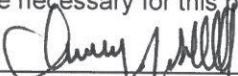
(Firm, Engineer Of Record, Matthew D'Angelo, P.E., #91885
Florida Registration No., Contact 5601 Mariner Street, Suite 105, Tampa, FL 33609
Person, Address, Phone & Fax No.) 813-288-0233 mdangelo@cphcorp.com

- 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 Sections 158.237 through 158.245, inclusive, of the zoning ordinance.

***When a corporation submits an application, it must be signed by an officer of the corporation.** Corporation signatures must be accompanied with an approved resolution authorizing the individual to sign such applications.

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.


OWNER'S SIGNATURE

Timothy Goddard
HAND PRINT NAME

TITLE

1/3/2023
DATE

03/02/20



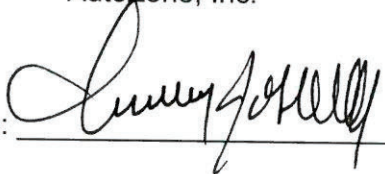
2216 Altamont Avenue
Fort Myers, Florida 33901
Phone: 239.332.5499
Fax: 239.332.2955

www.cphcorp.com

OWNER'S AFFIDAVIT DESIGNATING REPRESENTATION FOR:

Before me this day personally appeared **Timothy J. Goddard of AutoZone, Inc.**, who, being duly sworn, hereby proclaims he/she is the owner or authorized representative of the subject property and does hereby authorize CPH, LLC. to act as agents with regard to all required City of Port St. Lucie, FDOT, SFWMD and FDEP permitting of said site development as described:

Project: AutoZone Port St. Lucie Expansion
10400 South Federal Highway, Port St. Lucie, FL
Property ID 3414-501-4704-020-7
Owner: AutoZone, Inc.

Signature: 

STATE OF FLORIDA Tennessee
COUNTY OF Shelby

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 21st day of December, 2022, by (name of person making statement).



Tennessee
(Signature of Notary Public-State of ~~Florida~~)
(Name of Notary Typed, Printed, or Stamped)

My Commission Expires
November 9, 2025

Personally Known _____ OR Produced Identification _____
Type of Identification _____
Produced _____