

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
OWNER'S SIGNATURE

Michael Fogarty
HAND PRINT NAME

Director of Land Dev. 6/10/2023
TITLE DATE