

**CITY OF PORT ST. LUCIE  
CITY MANAGER'S OFFICE**  
121 SW Port St Lucie Blvd, Port St Lucie, FL 34984  
Office: 772-871-5163  
www.cityofpsl.com

## MOBILITY AND IMPACT FEE MITIGATION APPLICATION

**Business Name:** Lactalogics

In accordance with the City of Port St. Lucie Code of Ordinances Sec. 159.505 any applicant seeking an economic development mobility and impact fee waiver shall file an application for waiver with the City Manager prior to the issuance of the building permit for the subject capital facilities impact construction.

### A. NAME & ADDRESS OF PROPERTY OWNER & FACILITY LOCATION

<u>Owners Name &amp; Address</u>	<u>Contact Person &amp; Property Address</u>
Name: <u>Glenn Snow</u>	Name: <u>Glenn Snow</u>
Address: <u>8883 S US Highway 1, Port St. Lucie, FL 34952</u>	Address: <u>8883 S US Highway 1, Port St. Lucie, FL 34952</u>
Phone: <u>772-202-0284</u>	Phone: <u>772-202-0284</u>
Email: <u>gsnow@lactalogics.com</u>	Email: <u>gsnow@lactalogics.com</u>

### B. TARGETED INDUSTRY INFORMATION

1. Type of Targeted Industry as defined by F.S.288.106: Manufacturing
2. Minimum # of proposed new jobs or percentage increase in existing jobs: 60, whichever is greater.
3. Average wage (excluding benefits & top two executive salaries): \$49,000
4. Total Capital Investment (construction, renovation, equipment, etc.): \$57 million

### C. PROPERTY INFORMATION

5. Parcel ID number(s): 3435-666-0002-000-5
6. Legal Description (Please provide an electronic copy of the subject property's legal description):
7. Please fill out and notarize the attached affidavit affirming this information to be true and correct.

***Submission of this request does not constitute the granting of approval. All application requirements must be met prior to this project being presented for approval to the appropriate authority. The City of Port St. Lucie reserves the right to request additional information to ensure a complete review of this project.***

# OWNER'S AFFDAVIT

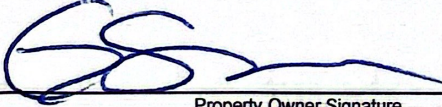
I affirm that all necessary supporting evidence is true and correct to the best of my knowledge and that all the requirements of section 159.504(A)(1) or 159.504(A)(2) or 159.504(A)(3) and 159.504(A)(4) of the City of Port St. Lucie, FL Code of Ordinances will be met within one year of the date the certificate of occupancy is issued which term may be extended by the City Council upon good cause shown; and other necessary information as determined by the City Manager has been provided and approved.

I agree to furnish such other necessary information as the City Council and/or City Manager of the City of Port St. Lucie, Florida may request in regards to this impact fee mitigation application. I hereby certify that the information and valuation stated on the attached application by me is true, correct, and complete to the best of my knowledge and belief (If prepared by someone other than the owner, his/her declaration is based on all information for which he /she has any knowledge).

I acknowledge that because this program is not an entitlement program, the City Council may reject the request for mitigation without cause.

## Property Owner Information

This application and any application supplement will not be considered complete without the notarized signature of **all property owners of record**, which shall serve as an acknowledgment of the submittal of this application for approval. The property owner's signature below shall also serve as authorization for the above applicant or agent to act on behalf of said property owner.

  
\_\_\_\_\_  
Property Owner Signature  
Mailing Address: 8883 S. US Highway 1  
Port St Lucie, FL 34952

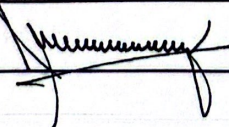
GLENN SNOW  
\_\_\_\_\_  
Property Owner Name (Printed)  
Phone: 772-202-0284  
If more than one owner, please submit additional pages

STATE OF Florida, COUNTY OF St. Lucie

The foregoing instrument was acknowledged before me this 11 day of MARCH, 2024

by GLENN SNOW who is personally known to me or who has produced

Florida Driver License as identification.

  
\_\_\_\_\_  
Signature of Notary

JOSE MANUEL REYES  
\_\_\_\_\_  
Type or Print Name of Notary

\_\_\_\_\_  
Commission Number (Seal)

