

P20-242

Chrisjazz, Inc.

<b>TYPE</b>	<b>STATUS</b>	<b>BUILDING TYPE</b>
R	SUBMITTED	

**ASSIGNED TO**

Patti Tobin

**ADDRESS**

565, 573, 581 SE Port St. Lucie Blvd

<b>SECTION</b>	<b>BLOCK</b>	<b>LOT</b>
18	700	3-5

**LEGAL DESCRIPTION**

3 Single Family Homes

**SITE LOCATION**

565, 573, 581 SE Port St. Lucie Blvd

**PARCEL #**

3420-585-1081-000-5      3420-585-1082-000-2      3420-585-1080-000-8

<b>CURRENT LANDUSE</b>	<b>PROPOSED LANDUSE</b>	<b>CURRENT ZONING</b>	<b>PROPOSED ZONING</b>
ROI		RS-2	P

<b>ACREAGE</b>	<b>NON-RESIDENTIAL SQ. FOOTAGE</b>	<b>NO. OF RESIDENTIAL UNITS</b>
0.71		

<b>NO. OF LOTS OR TRACTS</b>	<b>NO. OF SHEETS IN PLAT</b>
0	0

**UTILITY PROVIDER**

CITY OF PORT ST. LUCIE

**DESCRIBE REQUEST**

Rezone to Commercial Multi-use for Daycare and Offices

**Primary Contact Email**

balangamadison@gmail.com

**AGENT/APPLICANT**

<b>FIRST NAME</b>	<b>LAST NAME</b>
	Young

**Business Name**

**ADDRESS**

P.O. Box 9154

<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
Port St. Lucie	FL	34985

<b>EMAIL</b>	<b>PHONE</b>
dayounginsurance@gmail.com	7726720833

**AUTHORIZED SIGNATORY OF CORPORATION**

<b>FIRST NAME</b>	<b>LAST NAME</b>
Debbie	Young

**ADDRESS**

P.O. Box 9154

<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
Port St. Lucie	FL	34985

<b>EMAIL</b>	<b>PHONE</b>

dayounginsurance@gmail.com

7726720833

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**PROJECT ARCHITECT/ENGINEER**

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**FIRST NAME**

**LAST NAME**

---

**Business Name**

---

**ADDRESS**

---

**CITY**

**STATE**

**ZIP**

---

**EMAIL**

**PHONE**

---

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**PROPERTY OWNER**

**Business Name**

Chrisjazz Inc.

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**ADDRESS**

P.O. Box 9154

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**CITY**

**STATE**

**ZIP**

Port St. Lucie

FL

34985

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**EMAIL**

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**PHONE**

(772) 672-0833