## **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 I	EMAIL ADDRESS: Mil	ke.Fogarty@glhomes.com	m and Azlina.Siegel@glho	omes.com
PROJECT NAME: Riverland Parcel A - Plat One - Replat No. 1				
LEGAL DESCRIPTION: See the associated boundary survey				
LOCATION OF PROJECT SITE: SW Corner of Discovery Way and Community Boulevard				
PROPERTY TAX I.D. NUMBER:_ 4315-323-0001-080-2; 4316-431-0002-000-0; 4316-441-0001-000-4				
CIRCLE ONE:	PRELIMINARY		PRELIMINARY	
PROPOSED USE:	Residential			
GROSS SQ. FT. OF STRUCTURE(S): Varies				
NUMBER OF DWELLII FOR MULTI-FAMILY P				
UTILITIES & SUPPLIER: Water/Sewer & PSLUSD				
GROSS ACREAGE & SQ. FT. OF SITE: Replat is of 0.477 Acres				
FUTURE LAND USE D	ESIGNATION: <u>NCE</u>	)ZONIN	G DISTRICT: MPUD	
OWNER(S) OF PROPI NAME, ADDRESS, TE		Riverland Associates 1600 Sawgrass Corp. 954-753-1730; Fax 9	Pkwy, Ste 400, Sunrise	e, FL 33323
APPLICANT OR AGEN NAME, ADDRESS, TE		Michael Fogarty, P.E. 1600 Sawgrass Corp. 954-753-1730; Fax 9	Pkwy, Ste 400, Sunrise	FL 33323
PROJECT ARCHITEC (FIRM, ENGINEER OF		Matt Woods, P.E. GLH Engineering, I	<u>.LC</u>	
FLORIDA REGISTRAT PERSON, ADDRESS, 			en M. Helfman, Esq.; 10 Sunrise, FL 33323; 954	
I HEREBY AUTHORIZ DEPARTMENT PERMISS		ED AGENT TO REPRE EPROPERTY FOR INSPE	SENT ME. I GRANT T CTION.	HE PLANNING
	T ALL PLANS AND DET	TAIL PLANS MUST BE R	NG PERMIT AND THE CO EVIEWED AND APPROVE	
needed to service this pr this stage in the develop	oject has not yet been de pment review process. ance of final local develo	etermined. Adequacy of Adequacy for public facil	oncurrency for adequate pupulic facility services is not ities is determined throughnecessary for this project to	ot guaranteed at h certification of
Michael P. 7-mount OWNER'S SIGNATUR		ael Fogarty PRINT NAME	Dir. of Land Dev.	8.27.21 DATE
OWNER 3 SIGNATUR	L HAND	LIVINI INVINC	TITLE	DAIE