

LMD REZONING APPLICATION

CITY OF PORT ST. LUCIE
Planning & Zoning Department
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida 34984
(772) 871-5213

FOR OFFICE USE ONLY

Planning Dept. _____
Fee (Nonrefundable)\$ _____
Receipt # _____

Refer to "Fee Schedule" for application fee. Make checks payable to the "City of Port St. Lucie". Fee is nonrefundable unless application is withdrawn prior to the Planning and Zoning Board Meeting. **All** items on this application should be addressed, otherwise it cannot be processed. Attach proof of ownership: two copies of recorded deed. If the application includes more than one (1) lot, our Legal Department will contact you regarding execution of the required Unity of Title. Please type or print clearly in **BLACK** ink.

PRIMARY CONTACT EMAIL ADDRESS: jose@storybookteam.com

PROPERTY OWNER:

Name: Rossell, LLC.
Address: 451 SW Bethany Dr., Suite 202, Port St. Lucie, FL 34986
Telephone No.: (772) 236-4009 Email napfelbaum@amlawfl.com

AGENT OF OWNER (if any)

Name: Storybook Development Services, LLC.
Address: 5931 Brick Court, Suite 168, Winter Park, FL 32792
Telephone No.: 321-246-8811 Email Jose@StoryBookTeam.com

PROPERTY INFORMATION

Legal Description: Port St. Lucie-Section 12 (PB 12-55) BLK 1291 Lots 28 through 33
(Include Plat Book and Page) 3420-555-1059-000-9, 3420-555-1060-000-9, 3420-555-1061-000-6,
Parcel I.D. Number: 3420-555-1062-000-3, 3420-555-1063-000-0, 3420-555-1064-000-7
Current Zoning: LMD
Proposed Zoning: LMD
Future Land Use Designation: ROI Acreage of Property: 1.41+/-
Reason for Rezoning Request: Update to concept plan

*Signature of ~~Owner~~ JOSE CHAVES Hand Print Name 01/06/2026 Date
APPLICANT

***If signature is not that of the owner, a letter of authorization from the owner is needed.**

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. 02/26/20



CONCEPT PLAN SUFFICIENCY CHECKLIST
Revised September, 2013

Project Name: RIVERVIEW PLAZA

Project Number: P _____ New Submittal X or Resubmittal _____ (Check One)

Applicant should submit the concept plan package to Planning & Zoning Department with all items listed below to initiate the review process. Other drawings or information may be required, if deemed necessary, upon review of the submittal for the Site Plan Review Committee Meeting.

The Applicant should complete the Project Information, Applicant Checklist and Applicant Certification. Use the following to complete the checklist: ✓ = *Provided* X = *Incomplete or Missing* NA = *Not Applicable*

| Applicant Checklist | Description of Item Provided | Sufficient | | |
|---------------------|--|------------|------|---------|
| | | P&Z | Eng. | Utility |
| ✓ | Sufficiency Checklist: One original completed and signed by applicant. | | | |
| | 2 CD's with all application materials | | | |
| ✓ | Cover Letter: Sixteen copies of a typed letter explaining the purpose and history of the application. | | | |
| | Written Response to Comments: Sixteen copies. For resubmittals only. | | | |
| ✓ | Completed Application: Sixteen copies. Use black ink or type to fill out completely and legibly. | | | |
| ✓ | Owner's Authorization: Sixteen copies of authorization on Owner's letterhead. | | | |
| ✓ | Application Fees: Refer to each department's fee schedule. | | | |
| ✓ | Proof of Ownership: | | | |
| ✓ | Three copies of the recorded deed(s) for each parcel with the exact same name for each parcel <u>or...</u> | | | |
| ✓ | ...Unity of Title | | | |
| | PUD/MPUD Document and Concept Plan (Sections 158.170 – 158.175 of the Zoning Code): | | | |
| | Sixteen sets of 11" x 17" concept plans | | | |
| | Show traffic access points | | | |
| | Show drainage discharge locations | | | |
| | Show proposed water and sewer connection points | | | |
| | Evidence of unified control and binding PUD agreement | | | |
| | Density statement | | | |
| | Proposed zoning district regulations | | | |
| | LMD Rezoning and Concept Plan (Section 158.155(M) of the Zoning Code): | | | |
| | Sixteen sets of 11" x 17" concept plans | | | |
| ✓ | Show traffic access points | | | |
| ✓ | Show drainage discharge locations | | | |
| ✓ | Show proposed water and sewer connection points | | | |
| ✓ | Evidence of unified control and development agreement | | | |
| ✓ | Preliminary building elevations | | | |
| ✓ | Landscape Plan | | | |
| | SEU Concept Plan: | | | |
| ✓ | Sixteen sets of 11" x 17" plans – either approved site plan or proposed concept plan | | | |



CONCEPT PLAN SUFFICIENCY CHECKLIST
Revised September, 2013

Project Name: RIVERVIEW PLAZA

Project Number: P _____ New Submittal _____ or Resubmittal _____ (Check One)

Applicant Certification

I, JOSE CHAVES (Print or type name), do hereby certify that the information checked above has been provided to the City of Port St Lucie for the subject project. I understand that the checklist is used to determine if the submittal is complete so that the project can be added to the Site Plan Review Agenda. I further understand that review of the submittal contents will not be made at this time and that a sufficient submittal does not exempt a project from being tabled or denied at the Site Plan Review Committee.

01/06/2026

(Signature of Applicant)

(Date)

Planning and Zoning Department Representative

I, _____ (Print name), as a representative of the Planning and Zoning Department, find that this submittal is Sufficient / Non-Sufficient based upon my review on _____ (date).
Additional Comments:

(Signature of Planning and Zoning Department Representative)

(Date)

Engineering Department Representative

I, _____ (Clearly print or type name), as a representative of the Engineering Department, find that this submittal is Sufficient / Non-Sufficient based upon my review on _____ (date).
Additional Comments:

(Signature of Engineering Department Representative)

(Date)

Utilities System Department

I, _____ (Clearly print or type name), as a representative of the Utilities System Department, find that this submittal is Sufficient / Non-Sufficient based upon my review on _____ (date).
Additional Comments:

(Signature of Utility System Department Representative)

(Date)