

<b>TYPE</b>	<b>STATUS</b>	<b>BUILDING TYPE</b>	
REZ	P&Z MEETING SCHEDULED		
<b>ASSIGNED TO</b>			
Public Works Engineering; Anne-Marie Ludlum; Sofia Trail; Kaitlynn Larrivee			
<b>ADDRESS</b>			
1491 SW Bougainvillea Ave			
<b>SECTION</b>	<b>BLOCK</b>	<b>LOT</b>	
23	1616	5-10	
<b>LEGAL DESCRIPTION</b>			
LOT 5-10, BLOCK 1616, OF PORT ST. LUCIE SECTION TWENTY THREE, A SUBDIVISION ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 13, PAGES 29, 29A THROUGH 29D, OF THE PUBLIC RECORDS OF ST. LUCIE COUNTY, FLORIDA. And LOTS 7 THROUGH 10, BLOCK 1616, PORT ST. LUCIE SECTION TWENTY THREE, ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 13, PAGE 29, PUBLIC RECORDS OF SAINT LUCIE COUNTY, FLORIDA.			
<b>SITE LOCATION</b>			
Northwest corner of SW Gatlin Blvd and SW Bougainvillea Avenue			
<b>PARCEL #</b>			
3420-610-0715-000-7	3420-610-0716-000-4	3420-610-0717-000-1	3420-610-0718-000-8
3420-610-0719-000-5	3420-610-0714-000-0		
<b>CURRENT LANDUSE</b>	<b>PROPOSED LANDUSE</b>	<b>CURRENT ZONING</b>	<b>PROPOSED ZONING</b>
ROI		RS-2	CG
<b>ACREAGE</b>	<b>NON-RESIDENTIAL SQ. FOOTAGE</b>	<b>NO. OF RESIDENTIAL UNITS</b>	
1.363			
<b>NO. OF LOTS OR TRACTS</b>	<b>NO. OF SHEETS IN PLAT</b>		
0	0		
<b>UTILITY PROVIDER</b>			
CITY OF PORT ST. LUCIE			
<b>DESCRIBE REQUEST</b>			
We are submitting for LMD Rezoning, Special Exception and Landscape Variance for the approximately 1.363-acre subject property located at the northwest corner of SW Gatlin Boulevard and SW Bougainvillea Avenue. The site currently consists of five separate parcels under two ownerships and is zoned RS-2 and P. We are proposing construction of a 9,977 square-foot Dollar Tree retail store.			
<b>Primary Contact Email</b>			
emcdonald@thomaseg.com			
<b>AGENT/APPLICANT</b>			
<b>FIRST NAME</b>	<b>LAST NAME</b>		
Edward	McDonald		
<b>Business Name</b>			
Thomas Engineering Group			
<b>ADDRESS</b>			
1502 W Fletcher Ave			
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	

Tampa FL 33612

**EMAIL** PHONE  
emcdonald@thomaseg.com 8133794100

**AUTHORIZED SIGNATORY OF CORPORATION**

**FIRST NAME** **LAST NAME**

**ADDRESS**

**CITY** **STATE** **ZIP**

**EMAIL** **PHONE**

**PROJECT ARCHITECT/ENGINEER**

**FIRST NAME** **LAST NAME**

**Business Name**

**ADDRESS**

**CITY** **STATE** **ZIP**

**EMAIL** **PHONE**

**PROPERTY OWNER**

**Business Name**

Haredo Realty Advisors Inc.

**ADDRESS**

11232 SW Village CT, Apt 204

**CITY** **STATE** **ZIP**

Port St Lucie FL 34987

**EMAIL** **PHONE**

haldodt@me.com (772) 631-3703

**FINAL PERMIT INSPECTION REQUIRED BY:**

January 7, 2026

LETTER OF AUTHORIZATION

To Whom It May Concern:

Please accept this letter as authorization for Thomas Engineering Group LLC, to serve as Agent for any permitting or other governmental approvals including City of Port St. Lucie, St Lucie County, FDEP, and SWFWMD, on behalf of Sharon Etoria, for the proposed development located at Parcel No.: 3420-610-0714-000-0 in the City of Port Saint Lucie. I hereby designate and authorize Thomas Engineering Group, LLC to act on my behalf, or on behalf of my corporation, as the agent in the processing of this application for the permit and/or proprietary authorization indicated above; and to furnish, on request, supplemental information in support of the application. In addition, I authorize the above-listed agent to bind me, or my corporation, to perform any requirements which may be necessary to procure the permit or authorization indicated above. I understand that knowingly making any false statement or representation in this application is a violation of Section 373.430, F.S., and 18 U.S.C. Section 1001.

Signature: Sharon Davis Etoria

Company: \_\_\_\_\_

Printed Name: Sharon Davis Etoria

Title: \_\_\_\_\_

Address: 7624 Dore Rd

City: Paducah State: TX Zip: 77584

Phone: 281-250-2757

Email: sdetoria@gmail.com

STATE OF Texas COUNTY OF Brazoria

On this 13 day of January, 2026, before me, the undersigned Notary Public of the State of TEXAS, personally appeared Sharon Davis Etoria and whose name(s) is/are subscribed to the within instrument, and acknowledge that he/she/they executed it. The individual(s) is/are \_\_\_\_\_ personally known to me, or  presented the following identification: DRIVER LICENSE

WITNESS my hand and official seal.

NOTARY SEAL & COMMISSION EXPIRATION: April 14, 2027

Xenia A Romero  
Notary Signature



November 26, 2025

LETTER OF AUTHORIZATION

To Whom It May Concern:

Please accept this letter as authorization for Thomas Engineering Group LLC, to serve as Agent for any permitting or other governmental approvals including City of Homosassa, Citrus County, FDEP, and SWFWMD, on behalf of John Mohamed Ghanie and Joan Davis-Ghanie Living Trust. for the proposed development located at Parcel No.: 3420-610-0715-000-7 in The City of Port St. Lucie.

I hereby designate and authorize Thomas Engineering Group, LLC to act on my behalf, or on behalf of my corporation, as the agent in the processing of this application for the permit and/or proprietary authorization indicated above; and to furnish, on request, supplemental information in support of the application. In addition, I authorize the above-listed agent to bind me, or my corporation, to perform any requirements which may be necessary to procure the permit or authorization indicated above. I understand that knowingly making any false statement or representation in this application is a violation of Section 373.430, F.S., and 18 U.S.C. Section 1001.

Signature: [Handwritten Signature]  
Company: John Mohamed Ghanie and Joan Davis-Ghanie Living Trust  
Printed Name: JOHN M GHANIE  
Title: \_\_\_\_\_  
Address: 756 VERNON AVE  
City: VENICE State: CA Zip: 90291  
Phone: (310) 399-7131  
Email: JGHANIE @HOTMAIL.COM

Signature: [Handwritten Signature]  
Company: John Mohamed Ghanie and Joan Davis-Ghanie Living Trust  
Printed Name: JOAN DAVIS GHANIE  
Title: \_\_\_\_\_  
Address: 756 VERNON AVE  
City: Venice State: CA Zip: 90291  
Phone: 310-399-7131  
Email: JGhanie @HOT

STATE OF California COUNTY OF Los Angeles  
On this 26 day of November, 2025, before me, the undersigned Notary Public of the State of California, personally appeared Joan-Davis Ghanie and John M Ghanie and whose name(s) is/are subscribed to the within instrument, and acknowledge that he/she/they executed it. The individual(s) is/are \_\_\_\_\_ personally known to me, or  presented the following identification: 2 Drivers Licenses state of California

WITNESS my hand and official seal.  
**SEE ATTACHED DOCUMENT**

NOTARY SEAL & COMMISSION EXPIRATION:  
March 09, 2026

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

**CALIFORNIA ACKNOWLEDGMENT**

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles }

On Nov 26, 2025 before me, Michael Zellner, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Joan Davis-Ghanie and John M Ghanie  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Michael Zellner  
Signature of Notary Public

Place Notary Seal and/or Stamp Above

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_ Signer's Name: \_\_\_\_\_

Corporate Officer – Title(s): \_\_\_\_\_  Corporate Officer – Title(s): \_\_\_\_\_

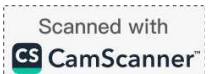
Partner –  Limited  General  Partner –  Limited  General

Individual  Attorney in Fact  Individual  Attorney in Fact

Trustee  Guardian or Conservator  Trustee  Guardian or Conservator

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_ Signer is Representing: \_\_\_\_\_



# HAREDO Realty Advisors, Inc.

November 19, 2025

## LETTER OF AUTHORIZATION

To Whom It May Concern:

Please accept this letter as authorization for Thomas Engineering Group LLC, to serve as Agent for any permitting or other governmental approvals including City of Port St. Lucie, St. Lucie County, FDEP, and SWFWMD, on behalf of **Haredo Realty Advisors Inc.** for the proposed development located at **Parcel Number(s): 3420-610-0716-000-4, 3420-610-0717-000-1, 3420-610-0718-000-8, 3420-610-0719-000-5 in The City of Port St. Lucie.**

I hereby designate and authorize **Thomas Engineering Group, LLC** to act on my behalf, or on behalf of my corporation, as the agent in the processing of this application for the permit and/or proprietary authorization indicated above; and to furnish, on request, supplemental information in support of the application. In addition, I authorize the above-listed agent to bind me, or my corporation, to perform any requirements which may be necessary to procure the permit or authorization indicated above. I understand that knowingly making any false statement or representation in this application is a violation of Section 373.430, F.S., and 18 U.S.C. Section 1001.

Signature: Harold Dodt  
Company: HAREDO Realty Advisors, Inc  
Printed Name: Harold Dodt  
Title: President  
Address: 11232 SW Village Ct # 204  
City: Port St Lucie State: FL Zip: 34987  
Phone: 772-631-3703  
Email: haldodt@me.com

STATE OF Florida COUNTY OF Saint Lucie  
On this 21<sup>st</sup> day of November, 2025, before me, the undersigned Notary Public of the State of Florida, personally appeared Harold Dodt and whose name(s) is/are subscribed to the within instrument, and acknowledge that he/she/they executed it. The individual(s) is/are \_\_\_ personally known to me, or  presented the following identification: FL-DL

WITNESS my hand and official seal.

NOTARY SEAL & COMMISSION EXPIRATION: NOV 27, 2027

Nicholas D'Amato  
Notary Signature

