

# 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 Fee is nonrefundable unless application is withdrawn prior to the Planning and Zoning Board Meeting.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:** \_\_\_\_\_

### **PROPERTY OWNER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email \_\_\_\_\_

### **AGENT OF OWNER** (if any)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email \_\_\_\_\_

### **PROPERTY INFORMATION**

Legal Description: \_\_\_\_\_  
(Include Plat Book and Page)

Parcel I.D. Number: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_

Future Land Use Designation: \_\_\_\_\_ Acreage of Property: \_\_\_\_\_

Reason for Rezoning Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\*Signature of Owner                      Hand Print Name                      Date

**\*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: \_\_\_\_\_

Project Number: P \_\_\_\_\_ New Submittal \_\_\_\_\_ 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
	<b>Sufficiency Checklist:</b> One original completed and signed by applicant.			
	<b>2 CD's with all application materials</b>			
	<b>Cover Letter:</b> Sixteen copies of a typed letter explaining the purpose and history of the application.			
	<b>Written Response to Comments:</b> Sixteen copies. For resubmittals only.			
	<b>Completed Application:</b> Sixteen copies. Use black ink or type to fill out completely and legibly.			
	<b>Owner's Authorization:</b> Sixteen copies of authorization on Owner's letterhead.			
	<b>Application Fees:</b> Refer to each department's fee schedule.			
	<b>Proof of Ownership:</b>			
	Three copies of the recorded deed(s) for each parcel with the exact same name for each parcel <u>or</u> ...			
	...Unity of Title			
	<b>PUD/MPUD Document and Concept Plan</b> (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			
	<b>LMD Rezoning and Concept Plan</b> (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			
	<b>SEU Concept Plan:</b>			
	Sixteen sets of 11" x 17" plans – either approved site plan or proposed concept plan			



CONCEPT PLAN SUFFICIENCY CHECKLIST  
Revised September, 2013

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*Applicant Certification*

I, \_\_\_\_\_ (*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.

\_\_\_\_\_  
(*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*)