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 Fee is nonrefundable unless application is withdrawn prior to the Planning and Zoning Board Meeting.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 ADDR	ESS:	
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