

APPLICATION FOR PUD CONCEPT PLAN

CITY OF PORT ST. LUCIE

Planning & Zoning Department
121 SW Port St. Lucie Blvd.
Port St. Lucie, Florida 34984
(772) 871-5212 Fax: (772) 871-5124

FOR OFFICE USE ONLY

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

For use only if property is zoned PUD and does not have approved concept plan. 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 Fee is **nonrefundable** unless application is withdrawn prior to advertising for the Planning and Zoning Board meeting. **Attach two copies of proof of ownership (e.g., warranty deed, affidavit).**

PROPERTY OWNER:

Name: _____

Address: _____

Telephone No. _____ Fax No. _____

APPLICANT (IF OTHER THAN OWNER, ATTACH AUTHORIZATION TO ACT AS AGENT):

Name: _____

Address: _____

Telephone No. _____ Fax No. _____

Legal Description and location of property (attach sketch and/or survey): _____

Parcel I.D. Number: _____

ATTACH PUD CONCEPT PLAN

Signature of Applicant

Hand Print Name

Date

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.

H:\PZ\SHARED\APPLCTNPUDCONCEPT (05/21/08)



CONCEPT PLAN SUFFICIENCY CHECKLIST

March 20, 2008

Project Name: _____
 Project Number: P0 _____ 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. If any items are incomplete or missing, the application and accompanying material will be returned to the applicant. 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 = *Not Provided* NA = *Not Applicable*

Applicant Checklist	Description of Item Provided	Sufficient		
		P&Z	Eng.	Utility
	Sufficiency Checklist: One original completed and signed by applicant.			
	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.			
	P&Z Application Fee: Other department and agency fees are requested later.			
	Proof of Ownership:			
	Two copies of the recorded deed(s) for each parcel with the exact same name for each parcel			
	...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

March 20, 2008

Project Name: _____
Project Number: P0 _____ New Submittal _____ or Resubmittal _____ (Check One)

Applicant Certification

(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

(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

(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

(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)