

REZONING APPLICATION

CITY OF PORT ST. LUCIE
Planning & Zoning Department
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida 34984
(772) 871-5212 FAX:(772) 871-5124

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 Fee is nonrefundable unless application is withdrawn prior to the Planning and Zoning Board Meeting.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

PROPERTY OWNER:

Name: _____
Address: _____
Telephone No.: _____ FAX No.: _____

AGENT OF OWNER (if any)

Name: _____
Address: _____
Telephone No.: _____ FAX No.: _____

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.

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