



CITY OF FORT PIERCE

PLANNING DEPARTMENT

COMPREHENSIVE PLANNING DEVELOPMENT REVIEW
HISTORIC PRESERVATION URBAN DESIGN URBAN FORESTRY ZONING

APPLICATION FOR ANNEXATION

Annexation applications will require the adoption of an ordinance which will require a public meeting before the Planning Board and two public hearings before the City Commission.

Application submission shall include the following:

- **TRC (*Initial Submission):** One (1) original and (8) paper copies of the application and support documents and provide one (1) electronic copy of the application packet as described below.
- **Planning Board:** One (1) original and (16) paper copies of the application and support documents and provide one (1) electronic copy of the application packet as described below.
- **City Commission:** One (1) original and (11) paper copies of the application and support documents and provide one (1) electronic copy of the application packet as described below.

In addition to a complete application, packets shall include:

- Warranty Deed
- Current Survey (completed within the last 12 months)

1. Address: N/A

2. Legal description of real property for which annexation is being requested:
See Attached

Property Tax ID: 2334 - 340 - 000 - 000 - 7

3. Size of described property: 116.6 AC

4. Project description: _____

5. Current St. Lucie County Future Land Use Designation: MXD / 14-2.5

6. Current St. Lucie County Zoning: AE-2.5 / 14-1 / PNRD

7. Is this a Historic property? NO

8. Appraised value: \$492,030 (2013 before Ag Credit)

9. Name of Owner(s): Walton Acquisitions FL, LLC

Signature of Owner(s): [Signature] [Signature] EACH AN AUTHORIZED SIGNATORY OF THE OWNER'S MANAGER

Mailing Address: 8390 CHAMPIONSGATE BLVD., SUITE 315

City CHAMPIONSGATE State FL Zip 33896

Phone 727-744-7283 Fax _____

10. Name of Representative: Mark E. Jacobson, Senior Planning & Development Manager
Signature of representative: *Mark E. Jacobson*
Mailing Address: 8390 ChampionsGate Blvd., Suite 315
City) ChampionsGate State FL Zip 33896
Phone 727.744.7293 Fax _____
E-mail: m.jacobson@walton.com

OFFICE USE:		
DATE RECEIVED: _____	Signed: _____	
File Number: _____	Check No: _____	Receipt No: _____
TRC Review: _____	Planning Board Review: _____	City Commission: _____
Ordinance No: _____	Date Approved: _____	