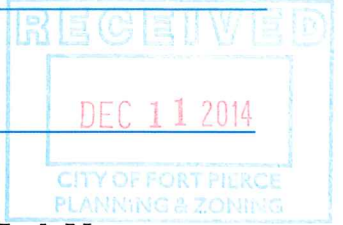




# CITY OF FORT PIERCE

## PLANNING DEPARTMENT

COMPREHENSIVE PLANNING ♦ DEVELOPMENT REVIEW  
HISTORIC PRESERVATION ♦ URBAN DESIGN ♦ URBAN FORESTRY ♦ ZONING



### APPLICATION FOR CONCEPTUAL DEVELOPMENT PLAN

Project Name: Pro Team Med

1. Project description for which conceptual approval is requested. Proposed \_\_\_\_\_ sq ft.  
detox recovery facility.

2. Property Tax ID # 2427-601-0051-000-4

3. Property address S. US Highway 1, Fort Pierce, FL

4. Zoning district R4 5. Future Land Use GC 6. Total Acreage 2.49

7. Building Height(s) \_\_\_\_\_ 8. Building (S.F.) \_\_\_\_\_ 9. Dwelling Units \_\_\_\_\_

10. Historic District (Y/N) N 11. Lot Coverage (S.F.) \_\_\_\_\_

12. Name of Owner(s): Pro Team Med LLC

Signature of owner(s): *Shanette Miller*

Mailing Address: 2015 31st Avenue

(City) Vero Beach (State) FL (zip) 32960

Phone # 772-978-1143

13. Name of Applicant: Same as owner

Signature of Applicant: \_\_\_\_\_

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

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone # \_\_\_\_\_

14. Name of Representative: Atlantic Design Group of Florida

Signature of Representative: *Brad C.*

Mailing Address: 469 NW Prima Vista Blvd

(City) Port St. Lucie (State) FL (zip) 34983

Phone # 772-340-4990 Fax # 772-340-7996

E-mail: bradc@atlantidesigngroup.com

15. **Property Owners Acknowledgements:** - This application will not be considered complete without the signature of all property owners of record, which shall serve as an acknowledgement of the submission of this application. The property owner's signature below shall also authorize the Applicant (if other than the property owner) and/or Representative to act in his/her behalf for the purposes of seeking approval of the conceptual development plan as described herein.

Annette Miller	772-978-1143	
Property Owner's Name (Please Print)	Phone	
2015 31st Avenue, Vero Beach	FL	32960
Address	State	Zip
<i>Annette Miller</i>		11/10/14
Property Owner's Signature		Date

STATE OF FLORIDA)  
ST LUCIE COUNTY)

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of Nov, 20 14, by S. ANNETTE MILLER who is personally known to me or has produced \_\_\_\_\_ as identification.

*[Signature]*  
Signature of Notary



**Application submission shall include the following:**

- TRC** (\*Initial Submission): One (1) original and (9) 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 (12) 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 (5) 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:

1. Conceptual Development Plan with layout of the proposed development;
2. Statement describing in detail the character and intended use;
3. Statement bearing on the ownership and control of the proposed use.

**An Intake Review Meeting will be required before any submittals are accepted**

<b>To be completed by the City of Fort Pierce</b>	
Date Received _____	By _____
Fee: _____	Receipt: _____

AGENT CONSENT FORM

Project Name: ProTeam Med

BEFORE ME THIS DAY PERSONALLY APPEARED S. ANNETTE MILLER WHO BEING DULY SWORN, DEPOSES AND SAYS THE FOLLOWING:

I hereby give CONSENT to Atlantic Design Group/ Bradley J. Currie, AICP to act as my agent, to submit or have submitted this application and all required material and documents, and to attend and represent me at all meetings and public hearings pertaining to, Conceptual Development, for the project indicated above. Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application for the proposed use of a residential development.

FURTHER AFFIANT SAYETH NOT.

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of Nov, 2014, by S. ANNETTE MILLER (Name of Person Acknowledging) who is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification and who did (did not) take an oath.

Dawn M. Griffith  
(Signature of Person Taking Acknowledgement)

S. Annette Miller  
Owner's Signature

DAWN M. GRIFFITH  
(Name of Acknowledger Typed, Printed or Stamped)

S. ANNETTE MILLER  
Owner's Name (Print)

\_\_\_\_\_  
(Title or Rank)

2015 31<sup>ST</sup> AVENUE  
Street Address

\_\_\_\_\_  
(Serial Number, if any)

VERO BEACH FL 32960  
City, State, Zip Code

(Notary's Seal)

(772) 696-2095  
Telephone

