

Application for Zoning Atlas Map Amendment

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 & Legal Description
- St. Lucie County Property Record Card
- Statement of why there is a need for the proposed future land use map amendment and how the amendment will result in an orderly and logical development pattern; statements how amendment(s) are consistent with Comprehensive Plan; how future land use designation is compatible with future land use designations and existing land uses surrounding the amended lands; identify future land use designations and existing land uses within a ½ mile of the subject property that have the same or greater type of proposed future land use designation; data and analysis to support conclusions.
- Current Survey
- Environmental Study
- Traffic Impact Report
- *** Capacity Analysis-Separate Form
- Drainage Analysis
- Historical Report
- 1 CD of all documents submitted in PDF
- Other Site Plan

1. Property Address/Location: 4600 Selvitz Road, Fort Pierce, FL 34981
2. Property Tax ID(s): 2432-333-0001-000-3
3. Total Acreage: 8.48
4. Existing Future Land Use Designation: RS
5. Existing Zoning Classification: AR-1
6. Proposed Zoning Classification: P.D.
7. Other applications being submitted concurrent with this application, if any: Land use change, Site Plan

8. Describe the existing uses, improvements and structures on the amendment lands: Existing no-kill animal shelter

9. Are there any identified or possible historical structures on the amendment lands? No

10. The reason for making this request: To initiate a zoning change to accommodate existing and future facilities consistent with the land development regulations of the City of Fort Pierce.

11. CAPACITY ANALYSIS

I. Site Data:

| | Existing Use | Future Land Use | Zoning |
|-------|--------------|-----------------|--------|
| North | INST | INST | I |
| South | RS-1 | I | AR-1 |
| East | RS | RL | AR-1 |
| West | INST/VACANT | I | I-CO |

| | Future Land Use | Zoning Classification | Maximum Intensity Residential: Dwelling Units per Acre Other: Square Footage | Total Acreage | Flood Zone |
|----------|-----------------|-----------------------|---|---------------|------------|
| Current | RS | AR-1 | 0 Residential; 9,106 sq. ft. animal shelter | 8.48 | X |
| Proposed | Institutional | P.D. | 0 Residential; 10, 124 sq. ft. additional | 8.48 | N/A |

II. Public Facilities Information: N/A; existing no-kill animal shelter

| A. Potable Water: | |
|--------------------------|---|
| Average Use | Residential: 100 gallons per day per person (du x 2.6 = persons x 100 gpd = demand) Other: 0.125 gallons per day per square foot |
| Demand Analysis | Maximum |
| Current Zoning | Total gallons per day |
| Proposed Zoning | Total gallons per day |
| Change in Demand | Total gallons per day |

| | |
|-----------------------|---|
| B. Wastewater: | |
| Average Use | Residential: 100 gallons per day per person (du x 2.6= persons x 100 gpd = demand) Other: 0.1 gallons per day per square foot |
| Demand Analysis | Maximum |
| Current Zoning | Total gallons per day |
| Proposed Zoning | Total gallons per day |
| Change in Demand | Total gallons per day |

| C. Parks and Recreation (Residential Classifications Only): (Du x 2.6 = persons + 44,227 = population /LOS) | | | | |
|---|-----------------------------|---------------------------------|---------------------------------|------------------|
| Park Type | LOS | Existing Population Park Demand | Proposed Population Park Demand | Change in Demand |
| Regional | 20 acres per 1,000 people | | | |
| Urban District | 5 acres per 1,000 people | | | |
| Community | 2.5 acres per 1,000 people | | | |
| Neighborhood | 1.36 acres per 1,000 people | | | |

| | | |
|---|------------|-------------|
| D. Public Schools (Residential Classifications Only): Single Family: (du x 0.405 = students/70% K-8/30% High) Multi-family: (du x 0.207 = students/70% K-8/30% High) | | |
| | K-8 | High |
| School Name | | |
| City | | |
| Distance | | |
| Current Zoning Enrollment Demand | | |
| Proposed Zoning Enrollment Demand | | |
| Change in Demand | | |

| | |
|--|---------|
| E. Solid Waste: 2 yard serves 15 units, 4 yard serves 30 units, 6 yard serves 45 units, 8 yard serves 60 units | |
| Demand Analysis | Maximum |
| Current Zoning | |
| Proposed Zoning | |
| Change in Demand | |

F. Stormwater:
Potential increase in volume discharged due to increased impervious coverage, reduced groundwater seepage or loss of surface water storage impacting Adopted LOS of 25-year 3-day storm Pre vs. Post Runoff (Storm sewers to convey 5 year- 1 day storm event; Canals to convey 3 year - 1 day storm event)

| | |
|---------------|--|
| Impact | No additional stormwater runoff or discharge is anticipated. |
|---------------|--|

III. Transportation Analysis

| | | |
|--|-------------|------------------------------|
| G. Traffic | | |
| Most recent ITE Code for use; HCM Roadway Capacity | | |
| | AADT | AM/PM Peak Hour Trips |
| Demand Analysis | Maximum | Maximum |
| Current Zoning | | |
| Proposed Zoning | | |
| Change in Demand | Trips | Trips |
| Impact to Capacity | | |

12. Name of Owner(s): Dogs & Cats Forever
 Mailing Address: 4600 Selvitz Road
 City Fort Pierce State FL Zip 34981
 Phone # 772.485.4458
 E-mail: Marseph@aol.com

13. Name of Applicant: Keri Burgess/Dogs & Cats Forever
 Mailing Address: 4600 Selvitz Road
 City Fort Pierce State FL Zip 34981
 Phone # 772.489.5454 Fax # _____
 E-mail: Marseph@aol.com

14. Name of Representative: Richard Laventure/Atlantic Civil Engineering, Inc.
 Mailing Address: 774 W. Midway Road
 City Fort Pierce State FL Zip 34982
 Phone # 772.398.1520 Fax # 772.398.1521
 E-mail: gatorrr@msn.com

15. Applicant Acknowledgements (Owner's signature must be notarized)

I certify that: (Check One)

I (we) do hereby certify that I (we) own in fee simple the above referenced described property for which a change in Zoning Classification is requested.

I (we) are not the owner of the above described property; however, the owners signature below authorizes the applicants the authority to act as agent for the owner(s) of record.

[Signature] Applicant's Signature 8/11/17 Date

4600 Selvitz Road, Fort Pierce

FL

34981

Address

State

Zip

772.489.5454

Marseph@aol.com

Phone

Fax

E-mail Address

16. **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 for a change in zoning classification. The property owner's signature below shall also authorize the Applicant (if other than the property owner) and/or Agent to act in his/her behalf for the purposes of seeking this change to the City' Land Development Regulations for the property described herein.

Keri Burgess/Dogs & Cats Forever

772-489-5454

Property Owner's Name (Please Print)

Phone

4600 Selvitz Rd. Fort Pierce

FL

Address

State

Zip

[Signature]

Property Owner's Signature

Date

STATE OF FLORIDA)
ST LUCIE COUNTY)

The foregoing instrument was acknowledged before me this 1 day of AUGUST, 20 17, by

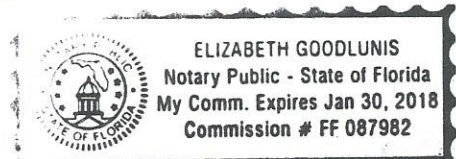
KERI BURGESS

who is personally known to me or has produced _____ as

identification.

[Signature]
Signature of Notary

(seal)



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