



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 (13) 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 (4) 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 _____

1. Property Address/Location: 400 N. 26th Street
2. Property Tax ID(s): Lots (1-16) 240850100030007 Lots (1-5) 240850701330005
Lots (8-12) 240850700970000
3. Total Acreage: 2.55 AC
4. Existing Future Land Use Designation: RL/GC
5. Existing Zoning Classification: R3/C-3
6. Proposed Zoning Classification: C-3
7. Other applications being submitted concurrent with this application, if any: Development Review
R.O.W. abandonment and Building Design Review

- 8. Describe the existing uses, improvements and structures on the amendment lands: Please see attached maps that describe the existing split zoning + proposed zoning
- 9. Are there any identified or possible historical structures on the amendment lands? NO
- 10. The reason for making this request: Please see attached letter

11. CAPACITY ANALYSIS

I. Site Data:

	Existing Use	Future Land Use	Zoning
North	Conal #8 City Property	Conal #8 City Property	C-3
South	Vacant Property	Fellowship Hall	Currently R-3 To be Rezoned To C-3
East	N. 25 th St.	N. 25 th ST	C-3
West	Residential Property Vacant	Residential Activity	R-3

	Future Land Use	Zoning Classification	Maximum Intensity Residential: Dwelling Units per Acre Other: Square Footage	Total Acreage	Flood Zone
Current	GC/RL	R-3/C-3	5 Dwelling/Acre	2.55	
Proposed	GC	C-3	8000 SF/Ac	2.55	N/A

$8000 \text{ SF/Ac} \times 2.55 = 20400 \text{ SF. Mex Buildout}$

II. Public Facilities Information:

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 $260 \text{ GPD/du} \times 12 \text{ du} = 3120 \text{ GPD}$
Proposed Zoning	Total gallons per day $20400 \text{ SF} \times 0.125 \text{ GPD/SF} = 2550 \text{ GPD}$
Change in Demand	Total gallons per day -570 GPD -Reduction

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 <i>Estimated Max. buildout 8000 SF/AC x 2.55 = 20400 SF.</i>
Current Zoning	Total gallons per day <i>2606 PD/DU x 12 DU = 3120 GPD</i>
Proposed Zoning	Total gallons per day <i>20400 SF x 0.1 GPD/SF = 2040 GPD</i>
Change in Demand	Total gallons per day <i>-1080 GPD reduction</i>

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	<i>0.624 AC</i>	<i>0</i>	<i>- 0.624 AC</i>
Urban District	5 acres per 1,000 people	<i>0.156 AC</i>	<i>0</i>	<i>- 0.156 AC</i>
Community	2.5 acres per 1,000 people	<i>0.078 AC</i>	<i>0</i>	<i>- 0.078 AC</i>
Neighborhood	1.36 acres per 1,000 people	<i>0.042 AC</i>	<i>0</i>	<i>- 0.042 AC</i>

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	<i>Lincoln Park Academy</i>	<i>Lincoln Park Academy</i>
City	<i>Fort Pierce</i>	<i>Fort Pierce</i>
Distance	<i>1.0 mile</i>	<i>1.0 mile</i>
Current Zoning Enrollment Demand	<i>3.4</i>	<i>1.5</i>
Proposed Zoning Enrollment Demand	<i>0</i>	<i>0</i>
Change in Demand	<i>-3.4</i>	<i>-1.5</i>

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	<i>2.0 CY</i>
Proposed Zoning	<i>8.0 CY</i>
Change in Demand	<i>+6.0 CY</i>

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	There will be no impact to city drainage system. Site will be designed to meet city drainage requirements with minimum discharge during 25-year 3-day storm event with peak discharge equal or less than the current discharge rate.
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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	3.2 Trips/DU x 1200 = 38.4	1.6 Trips/DU x 12 = 19.2 Trips/hr
Proposed Zoning	20400 SF x 1.2 Trips/1000 SF = 24.48	20400 SF x 2.56 Trips/1000 SF = 52.25 Trips/hr
Change in Demand	Trips + 353 Trips/Day	Trips + 33 Trips/hr
Impact to Capacity	+Increase	+Increase

12. Name of Owner(s): Fresh Wind Fresh Fire church of God Inc.
 Mailing Address: P.O. Box 853
 City Fort Pierce State FL Zip 34947
 Phone # 772.713.4879
 E-mail: arandradempier@gmail.com

13. Name of Applicant: Pastor Arndrea Dempier
 Mailing Address: P.O. Box 853
 City Fort Pierce State FL Zip 34947
 Phone # 772.713.4879 Fax # _____
 E-mail: arandradempier@gmail.com

14. Name of Representative: Abraham Chubb PE
 Mailing Address: 5428 NW Edgewater Ave
 City Port St. Lucie State FL Zip 34983
 Phone # 772.878.5079 Fax # _____
 E-mail: agchubb1@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.

Applicant's Signature _____ Date _____

Address _____ State _____ Zip _____

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.

Property Owner's Name (Please Print) _____ Phone _____

Address _____ State _____ Zip _____

Property Owner's Signature _____ Date _____

STATE OF FLORIDA)
ST LUCIE COUNTY)

The foregoing instrument was acknowledged before me this ___ day of _____, 20____, by _____ who is personally known to me or has produced _____ as ident

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: _____	