



CITY OF FORT PIERCE
Planning & Zoning Dept

~~APPROVED~~
Reviewed by:

Received

Date:

1/2/19

VARIANCE

Property address or Location 1860 North Lawnwood Circle
Parcel ID #(s) 241650401990300
Project description Psychiatric Addition

HCA Lawnwood Medical
Property Owner(s)
1700 South 23rd Street
Street Address
Fort Pierce Fl. 34950
City State Zip
772-468-4800
Phone Number
charles.kanthak@hcahealthcare.com
Email Address

HCA Lawnwood Medical
Applicant/Representative, Title, Company
1700 South 23rd Street
Street Address
Fort Pierce Fl. 34950
City State Zip
772-468-4800
Phone Number
charles.kanthak@hcahealthcare.com
Email Address

Property Owner(s) Acknowledgements: - This application will not be considered complete without the signature of all property owners of record, which shall serve as an acknowledgment 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 for the application described herein.

Property Owner(s) Signature(s)

STATE OF Florida COUNTY St. Lucie
The foregoing instrument was acknowledged before me this 27 day of December, 2018, by
Eric Goldman who is personally known to me or has produced
as identification.

Jazzmine J. McKenzie
Signature of Notary

(seal)



Jazzmine J. McKenzie
COMMISSION # GG255102
EXPIRES: Dec. 1, 2021
Bonded Thru Aaron Notary

INTAKE MEETINGS ARE REQUIRED FOR ALL SUBMITTALS. CALL (772) 467-3737

TO BE COMPLETED BY STAFF

Zoning	Future Land Use	Total Acres	Historic District	Historic Designation
				Contributing Individual Non-Contributing None

Pre-Application Meeting Date _____
Intake Planner _____
Planner Assigned _____
Approved By _____ Date _____
Comments _____

Fees _____ Control # _____ B. Permit # _____

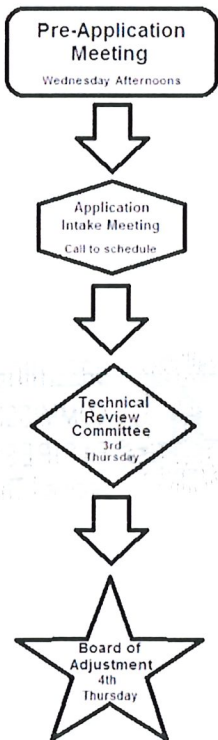
Intake Date Stamp

VARIANCE

Submit eight (8) hard copies and one (1) CD of the following for initial submittal, subsequent submittals will be required:

- Site plan, to scale, including all relevant improvements:
 - Existing & proposed structures
 - Landscaping & parking,
 - Fencing, signs, etc.
- As-built Survey
- Criteria Narrative
- Complete, notarized application

Application Outlook



Description of request: Allow construction of 10' concrete fence to intercept and match existing

Reason for request: Continuity of original design, and to secure Psychiatric patients

Existing Use : Psychiatric in-patient Date Property was Purchased: _____

Alterations made to the site since purchase: Additions added

Has a request for this variance been denied in the past? Yes No

If yes, what has changed since the denial? _____

Criteria:

In order to determine whether your request for Variance meets all the criteria in Section 22-108 of the City Code, please answer the following questions. Please provide answers of questions on separate pages:

1. Describe those conditions peculiar to the specific property and not applicable to other lands, structures, or buildings in the same zoning district.
2. Do special conditions or circumstances result from actions other than that of yours? Please explain
3. Identify any undue hardships or deprivation of commonly enjoyed property rights that would result in the literal interpretation of the code for the zoning district.
4. What is the minimum variance that would give the reasonable use of the land, building, or structure?
5. Explain how the variance request would not impair the intent of the zoning ordinance or be detrimental to the general public welfare: