



TO: Technical Review Committee

FROM: Jennifer Hofmeister, AICP, LCAM, Planning Director

RE: **Technical Review Project #20- 040000028**

Meeting Date: January 7, 2021

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### **Conditional Use – 1577 Thumb Point Drive**

The above referenced Conditional Use with No New Construction is being submitted for your review and comment. The request seeks to establish a Dwelling Rental, offering lodging for less than 30 days.

The subject site has a Future Land Use designation of Low Density Residential (RL) with a compatible zoning designation of Hutchinson Island Single Family Intermediate Density Zone (R-2). Per City Code Section 125-187. – Allowed Uses; Dwelling Rentals are classified as a Conditional Use in the R-4A zoning district.

Please send all comments to the following emails: [jhofmeister@cityoffortpierce.com](mailto:jhofmeister@cityoffortpierce.com) and [arosenthal@cityoffortpierce.com](mailto:arosenthal@cityoffortpierce.com) or through interoffice mail to the Planning Department. If you have comments please respond at minimum, two (2) days before the Technical Review Committee Meeting (Tuesday, January 19, 2021).

Please do not hesitate to contact me should you require any additional information at 772-467- 3730.

Thank you.



THE SUNRISE CITY  
**FORT PIERCE**  
 PLANNING DEPARTMENT  
*Florida*

## Conditional Use – No New Construction

Property address or Location 1577 Thumb Point Dr, Fort Pierce, FL 34949  
 Parcel ID #(s) 2401-605-0105-000-0  
 Project description Owner request to use property as Short Term Rental, 30 day rental, Airbnb host

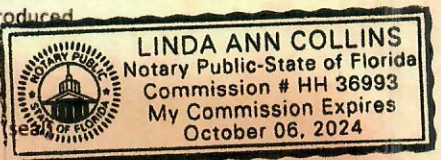
Susan Baker  
 Property Owner(s)  
1577 Thumb Point Dr  
 Street Address  
Fort Pierce FL 34949  
 City State Zip  
3059924416  
 Phone Number  
susanbak15@gmail.com  
 Email Address

N/A  
 Applicant/Representative, Title, Company  
 Street Address  
 City State Zip  
 Phone Number  
 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 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 for the application described herein.*

*Susan Baker*  
 Property Owner(s) Signature(s)

STATE OF FLORIDA -- COUNTY  
 The foregoing instrument was acknowledged before me this 30<sup>th</sup> day of December 2020, by  
Susan Baker who is personally known to me or has produced  
Driver License as identification.  
Linda Ann Collins  
 Signature of Notary



**INTAKE MEETINGS ARE REQUIRED FOR ALL SUBMITTALS. CALL (772) 467-3729**

**TO BE COMPLETED BY STAFF**

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

Pre-Application Meeting Date \_\_\_\_\_ Fees \_\_\_\_\_ Control # \_\_\_\_\_ B. Permit # \_\_\_\_\_  
 Intake Planner \_\_\_\_\_  
 Planner Assigned \_\_\_\_\_  
 Approved By \_\_\_\_\_ Date \_\_\_\_\_  
 Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Intake Date Stamp