



DESIGN REVIEW

Property Information

Property address or Location _____

Parcel ID #(s) _____

Project description _____

Property Owner(s)

 Street Address

 City State Zip

 Phone Number

 Email Address

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. The undersigned consents to inspection and photographing of the subject property by the Planning staff for purposes of consideration of this Application and/or presentation to the Planning Board and City Commission.

Connor Kennedy (Authorized Agent) _____ For owner signature please see attached Agent Authorization Form
 Property Owner(s) Signature(s)

APPOINTMENTS ARE REQUIRED FOR APPLICATION SUBMITTALS
 CALL 772.467.3737 OR E-MAIL PLANNING_DL@CITYOFFORTPIERCE.COM
 For more information, please refer to the website:
<https://www.cityoffortpiece.com/971/Application-Submittal-for-Technical-Rev>