



City of Stuart
121 SW Flagler Ave
Stuart, FL 34994

Received by: _____
Reviewed by: _____
Approved by: _____

(772) 288-5326

Land Development Code Text Amendment Application

Project ID# _____
(Staff Entry)

Pre-App Conference Date:	Application Date:
Project Name:	
Parcel ID#	Project Address:
Zoning/CRA Sub-district:	
Subdivision:	Lot(s):
Fee: \$0	
Submittal Requirements: A completed application form, the payment of fees, and statements justifying the proposed changes, and by any other information required by the City Development Director.	
Approving Authority: The Development Director is required to prepare a staff report and recommendation concerning this application. The Local Planning Agency (LPA) is required to hold an advertised public hearing and formulate a recommendation to the City Commission. The City Commission is also required to hold an advertised public hearing after which it may approve, approve with conditions, or deny the application.	
Justification: Please explain the need and justification for the proposed changes to the text of the Land Development Code <i>(include additional pages if needed)</i> :	

General Information

(Please Print or Type)

1. Property Owner, Lessee, Contract Purchaser, or Applicant (circle one):

Name:	City/State/Zip Code:
Title:	Telephone Number:
Company:	Facsimile Number:
Company Address:	Email Address (optional):

2. Agent of Record (if any): The following individual is designated as the Agent of Record for the property owner, lessee, or contract purchaser and should receive all correspondence related to the application review.

Name:	City/State/Zip Code:
Title:	Telephone Number:
Company:	Facsimile Number:
Company Address:	Email Address (optional):

3. The Undersigned, as the Property Owner, Lessee, Contract Purchaser, or Applicant (circle one), acknowledges responsibility for all City expenses associated with the referenced application (s) including time spent by the City's consultants and further acknowledges that payment of consultant fees will be made prior to the receipt of the consultant comments.

Name:	City/State/Zip Code:
Title:	Telephone Number:
Company:	Facsimile Number:
Company Address:	Email Address (optional):

I hereby certify that all information contained herein is true and correct.

4. Signed this _____ day of _____, 20____.

Signature of Property Owner, Lessee, Contract Purchaser or Applicant (circle one)

State of Florida, Martin County The foregoing instrument was acknowledged before me on this ____ day of _____ by _____ who is personally known to me, or who has produced _____ as identification and who did/did not take an oath.

Notary Signature

Commission expires: