Stuart DEVELOPMENT

CITY OF STUART
DEVELOPMENT DEPARTMENT
URBAN CODE CONDITIONAL USE APPLICATION

Reviewed By: _____

Application must be legible with all relevant fields completed.

Project ID#_____
(Staff Entry)

Pre-App Conference Date:	Application Date:
Project Name: RIVER HOUSE STUART	
Parcel ID#: 04-38-41-015-001-00010-5	Project Address: 51,53,55 SE SEMINOLE STREET
Zoning/CRA Sub-district:	
Subdivision:	Lot(s):
Fee: $1,574.00 – Major Urban Code Conditional Use Permit (Community Redevelopment Board and City Commission Approval) Fee: $524.00 – Minor Urban Code Conditional Use Permit (Community Redevelopment Board) (This does not include fees that may be charged as a result of application reviews by the City's consultants or any required recording fees)	
A Minor Urban Code Conditional Use Permit shall be required for relief from the following regulations of the urban code; paint colors; public art, and architectural materials. A Major Urban Code Conditional Use Permit shall be required for relief from the following regulations of the urban code; density, permitted uses, setbacks, location of parking, location of buildings and structures, conflicts with utilities, curb cuts, historic buildings, pitched roofs in the old downtown district, number of stories, building height not to exceed 45 feet, parking located within a building envelope, location of a formula business, and architectural requirements.	
Submittal Requirements: A completed application form, one (1) copy of all documents on a PDF formatted disc electronically signed and sealed, the payment of fees, and pertinent information per application type as determined by the Development Director.	
Approving Authority: The Development Director is required to prepare a staff report and recommendation concerning this application for the Community Redevelopment Board (CRB) public hearing followed by a recommendation to the City Commission.	
Justification: Please provide justification supporting the request for an Urban Code Conditional Use Permit (include additional pages if needed). **(over)**	

General Information

(Please Print or Type)

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

Name: AARON HOLLUB	City/State/Zip Code: PINECREST, FL 33156
Title: MANAGER	Telephone Number: 305-665-4275
Company: SEMINOLE STREET STUART LLC (PROPERTY OWNER)	Facsimile Number:
Company Address: 10101 SOUTH DIXIE HIGHWAY	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: AARON HOLLUB	City/State/Zip Code: PINECREST, FL 33156
Title: MANAGER	Telephone Number: 305-665-4275
Company: SEMINOLE STREET STUART LLC (PROPERTY OWNER)	Facsimile Number:
Company Address: 10101 SOUTH DIXIE HIGHWAY	Email Address (optional):

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

4. Signed this 23 day of February, 2020.

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