Stuart DEVELOPMENT

CITY OF STUART, FLORIDA
DEVELOPMENT DEPARTMENT
CONDITIONAL USE APPLICATION

Reviewed By: SM

RECEIVED
AUG 11 2020
By:

Application must be legible with all relevant fields completed.

Project ID# Z20080003
(Staff Entry)

Pre-App Conference Date:	Application Date:
Project Name: Reed Childcare	
Parcel ID# 04-38-41-022-004-00150-0	Project Address: unassigned SE Martin Luther King Jr. Blvd.
Zoning/CRA Sub-district:	
Subdivision: 333860 Highlands, Stypmann, Lake Clare	Lot(s): LOTS 15 16 17 18 19 & 20

Fee: $1,536.00 – Conditional Use Permit *(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.)*

Submittal Requirements: A completed application form, the payment of fees, one (1) copy of all documents on a PDF formatted disc electronically signed and sealed, and a site plan. (Note: A concept plan may, at the discretion of the applicant, be submitted instead of a site plan. However, in doing so the applicant acknowledges that a site plan will need to be submitted for City Commission approval prior to making application for a development permit). The data requirements for a site plan and a concept plan are available at the Development Department. **Note:** An application for a Conditional Use Permit may not be filed if the City Commission has denied an application for a Conditional Use Permit for the subject property within the previous two years.

The applicant has the burden of proof to demonstrate to the City Commission that the following standards are met:

- The proposed use is not contrary to the established land uses in the immediate area;
- The proposed use would not significantly depart from the densities or intensities of use in the surrounding area and thereby increase or overtax the load on public facilities such as schools, utilities, and streets and other public infrastructure;
- The proposed use will not be contrary to the proposed land use plan and will not have an adverse effect on the goals, policies and objectives of the Comprehensive Plan;
- The existing district boundaries are illogically drawn in relation to existing conditions on the property proposed for change;
- The proposed use will not create or excessively increase traffic congestion or otherwise affect Public Safety;
- The proposed use will not create drainage or a storm water quality problem;
- The proposed use will not significantly reduce light or air to adjacent areas;
- The proposed use is less burdensome on neighboring properties and on public infrastructure than uses permitted by right in the district;
- The proposed use is not out of scale with the uses permitted by right in the district and with the existing uses in the neighborhood; and
- There are no other adequate sites for the proposed use in districts in which the proposed use is permitted by right within the City.

Approving Authority: The Development Director is required to prepare a staff report and recommendation concerning this application for the City Commission public hearing.

Justification: Please provide justification supporting the request for a 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: Reed, Donna, Sean	City/State/Zip Code: Stuart, FL 34994
Title:	Telephone Number: 772-209-1060
Company:	Facsimile Number:
Company Address: 20 SW 6th St	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 10th day of August, 2020.

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 10th day of August 2020 by Sean C Reed who is personally known to me, or who has produced _____ as identification and who did/did not take an oath.

Notary Signature

Commission expires:

GRISEL P. ALVARADO
MY COMMISSION # GG 150263
EXPIRES: October 31, 2021
Bonded Thru Notary Public Underwriters