APPLICATION FOR INTERVENOR STATUS

RECEIVED
FEB 24 2021
BY: MK Clerk

INFORMATION ABOUT THE PETITIONER	For Office Use Only
APPLICATION FEE: **$400.00** (LDR) 11.03.06	

FILE NAME: Four Winds Project

FIRST NAME: Dale **LAST NAME:** Thornberry

MAILING ADDRESS

STREET	CITY	STATE	ZIP
265 S.E. St Lucie Blvd	Stuart	FL	34996

CONTACT INFORMATION

WORK PHONE **EMAIL** dale@thornberryconsulting.com

CELL PHONE 317-319-0960

PETITIONER'S REPRESENTATIVE IF APPLICABLE

FIRM/ORGANIZATION NAME:

FIRST NAME: **LAST NAME:**

MAILING ADDRESS

STREET	CITY	STATE	ZIP

CONTACT INFORMATION

WORK PHONE **EMAIL**

CELL PHONE

LIST OBJECTIONS TO BE INCLUDED IN AGENDA:

The proposed change of zoning will cause parking, health and safty issues

Signature: [signature] **Date:** 2/20/2021

Stuart

Thank you. The following payment has been successfully submitted.

Payment Submitted

Confirmation number:	**1517622712**
Payment Date:	**Feb 24, 2021 10:35:12 AM**
Payment Type:	**Miscellaneous Billing**
Account Number:	**Intervenor App**
Payment Method:	**MasterCard**
Card Number:	**************2133**
Payment Amount:	**$400.00**
Total Amount Charged:	**$400.00**