



City of Stuart
121 SW Flagler Ave.
Stuart, FL 34994
development@ci.stuart.fl.us
(772) 288-5326

Received by: _____

Reviewed by: _____

Approved by: _____

Development Agreement Application

(Pursuant to Development Agreement Act, Section 163.3227, Florida Statutes)

Project ID# _____
(Staff Entry)

Pre-App Conference Date: Various dates	Application Date: June 5, 2017
Project Name: MHS Master Facilities Plan & Developers Agreement	
Parcel ID# 04-38-41-020-004-00000-4	Project Address: 200 SE Hospital Avenue, Stuart, FL
Zoning/CRA Sub-district: Hospital	
Subdivision: Styppmann's and EDG-RIVA	Lot(s): See Attached Exhibit 'A' Legal Description
Fees: \$3,072.00 <i>(this does not include fees that may be charged as a result of application review by the City's consultants or any required recording fees).</i>	
<p>Pursuant to Section 163.3227, Florida Statutes, a development agreement shall include the following:</p> <p>A development agreement shall include the following:</p> <ul style="list-style-type: none"> (a) A legal description of the land subject to the agreement, and the names of its legal and equitable owners; (b) The duration of the agreement; (c) The development uses permitted on the land, including population densities, and building intensities and height; (d) A description of public facilities that will service the development, including who shall provide such facilities; the date any new facilities, if needed, will be constructed; and a schedule to assure public facilities are available concurrent with the impacts of the development; (e) A description of any reservation or dedication of land for public purposes; (f) A description of all local development permits approved or needed to be approved for the development of the land; (g) A finding that the development permitted or proposed is consistent with the local government's comprehensive plan and land development regulations; (h) A description of any conditions, terms, restrictions, or other requirements determined to be necessary by the local government for the public health, safety, or welfare of its citizens; and (i) A statement indicating that the failure of the agreement to address a particular permit, condition, term, or restriction shall not relieve the developer of the necessity of complying with the law governing said permitting requirements, conditions, term, or restriction. <p>(2) A development agreement may provide that the entire development or any phase thereof be commenced or completed within a specific period of time.</p>	
<p>Submittal Requirements: A completed application form, the payment of fees, a master facilities plan, one (1) copy of all documents on a PDF formatted disc electronically signed and sealed, and any other information as may be required by the City Development Director in order to do a thorough review of the request.</p>	
<p>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 required to hold an advertised public hearing after which it may approve, approve with conditions, or deny the application.</p>	
<p>Justification: Written justification supporting the application and demonstrating how the application remains: (a) consistent with the relevant components of the City of Stuart Comprehensive Plan including concurrency with adopted levels-of-service for utilities/facilities and compatibility with existing/planned uses and (b) complies with the relevant development standards of the City of Stuart Land Development Code.</p>	

(over)

General Information

(Please Print or Type)

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

Name: Mr. Matt Kelly	City/State/Zip Code: Stuart/ Florida/34994
Title: Director of Planning, Construction & Real Estate	Telephone Number: 772-223-5945 x13224
Company: Martin Memorial Medical Center Inc.	Facsimile Number: N/A
Company Address: 200 SE Hospital Avenue	Email Address (optional): N/A

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.

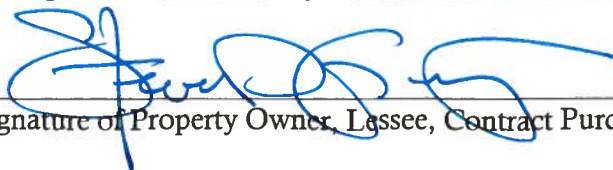
Name: Steve Garrett	City/State/Zip Code: Stuart/ FL/34994
Title: Vice President	Telephone Number: 772-220-2100
Company: Lucido & Associates	Facsimile Number: 772-223-0220
Company Address: 701 SE Ocean Blvd.	Email Address (optional): sgarrett@lucidodesign.com

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: Steve Garrett	City/State/Zip Code: Stuart/FL/34994
Title: Vice President	Telephone Number: 772-220-2100
Company: Lucido & Associates	Facsimile Number: 772-223-0220
Company Address: 701 SE Ocean Blvd.	Email Address (optional): sgarrett@lucidodesign.com

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

4. Signed this 5th day of June, 2017


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 5th day of June, 2017 by Steven Garrett H who is personally known to me, or who has produced _____ as identification and who did/did not take an oath.


Notary Signature

