



City of Stuart
121 SW Flagler Ave
Stuart, FL 34994

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

(772) 288-5326

Application to Rezone Real Property (including Planned Unit Developments)

Project ID# _____
(Staff Entry)

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------|------------------------------------------------|
| Pre-App Conference Date: | | Application Date: | |
| Project Name: THE HOPE CENTER FOR AUTISM | | | |
| Parcel ID# 16-38-41-012-000-00070-0 | | Project Address: 2580 SE WILLOUGHBY BLVD., STUART | |
| Current Zoning: B-1 | | Current Land Use: COMMERCIAL | |
| Proposed Zoning: CPUD | | Proposed Land Use: NOT APPLICABLE | |
| Present Use: VACANT WAREHOUSE | | Site Area/Acreage: 1.22 ACRES | |
| Fees (check box): This does not include fees that may be charged as a result of application review by the City's consultants | | | |
| Rezoning to CPUD | \$3,584.00 | <input checked="checked" type="checkbox"/> | Site space must be greater than 20,000 sq. ft. |
| Rezoning to RPUD | \$3,584.00 | <input type="checkbox"/> | Site area must be greater than .5 acre |
| Rezoning to MXPUD | \$3,584.00 | <input type="checkbox"/> | Site area must be greater than .5 acre |
| Rezoning to Industrial IPUD | \$3,584.00 | <input type="checkbox"/> | Site area must be greater than 1 acre |
| Rezoning to Public Service PSPUD | \$3,584.00 | <input type="checkbox"/> | Site area must be greater than 2.5 acres |
| Non-PUD District Rezoning | \$1,433.00 | <input type="checkbox"/> | |
| 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. | | | |
| 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. | | | |
| Written justification supporting the application and demonstrating how the application: | | | |
| (a) is 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 (include additional pages if needed). | | | |
| (over) | | | |

General Information

(Please Print or Type)

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

| | |
|------------------|-------------------------|
| Name: | KLAUS P. LULOH |
| Title: | MANAGER |
| Company: | KPL HOLDINGS, LLC |
| Company Address: | 2896 HIDDEN VALLEY LANE |

| | |
|---------------------------|---------------------|
| City/State/Zip Code: | MONTECITO, CA 93108 |
| Telephone Number: | 805-665-7722 |
| Facsimile Number: | |
| 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: | DOUG FITZWATER |
| Title: | SENIOR PROJECT MANAGER |
| Company: | LUCIDO & ASSOCIATES |
| Company Address: | 701 SE OCEAN BOULEVARD |

| | |
|---------------------------|-----------------------------|
| City/State/Zip Code: | STUART, FL 34994 |
| Telephone Number: | 772-220-2100 |
| Facsimile Number: | 772-223-0220 |
| Email Address (optional): | DFITZWATER@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: | JOANNE SWEAZEY |
| Title: | DIRECTOR |
| Company: | THE HOPE CENTER FOR AUTISM |
| Company Address: | 1695 SE INDIAN STREET |

| | |
|---------------------------|------------------------------------|
| City/State/Zip Code: | STUART, FL 34997 |
| Telephone Number: | 772-334-3288 |
| Facsimile Number: | |
| Email Address (optional): | JSWEAZEY@HOPECENTER FOR AUTISM.ORG |

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

4. Signed this 12th day of August, 2019.

Joanne Swezey
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 12th day of August, 2019 by JOANNE SWEAZEY who is personally known to me, or who has produced _____ as identification and who ~~did~~ did not take an oath.

Barbara Velez
Notary Signature

Commission Expires:

