City of Stuart
Commercial Property Report
CPR

APPLICANT INFORMATION	
Owner(s) Name: Christopher & Melissa Kindig	
Owner(s) Address: 646 NE River Terrace Jensen Beach, FL 34957	
Owner(s) Phone: 3057996153	Owner(s) Email: mkindig@bellsouth.net
Authorized Agent[i]: ROBERT KUOPPALA - KUOPPALA & ASSOCIATES	
Agent Address: 925 SOUTH MILITARY TRAIL - SUITE D10, WEST PALM BEACH, FLA (33415)	
Agent Phone: (561) 682-1909	Agent Email: KUOPPALAARCH@BELLSOUTH.NET
I (owner) authorize ROBERT KUOPPALA to act as my agent in all matters pertaining to this application	
Signature of owner or owner's agent: [signature]	

PROPERTY INFORMATION	
Street address of property: NOT ASSIGNED LOT 1 - AVONLEA PUD	
Square footage of building:	
Detailed description of proposed or desired use and objectives for property:	
CONSTRUCT 2 BUILDINGS (TOTALLING 9,381 SF.) FOR PROFESSIONAL AND MEDICAL OFFICES ON VACANT LOT	
If available, attach a survey: ☒	Parcel Control Number #: 283741013000000100
If available, attach copy of deed: ☑	

[i] Authorized Agent may include an Architect, Attorney, Contractor, Engineer, Land Use Planner, Landscape Architect, Real Estate Agent or Potential Tenant

General Information
(Please Print or Type)

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

Name: CHRISTOPHER W. & MELISSA C. KINDIG	City/State/Zip Code: JENSEN BEACH, FL 34957
Title: PROPERTY OWNERS	Telephone Number: (772) 334-3653
Company: —	Facsimile Number: —
~~Company~~ Address: 646 NE RIVER TERRACE	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: ROBERT KUOPPALA	City/State/Zip Code: WEST PALM BEACH, FL 33415
Title: ARCHITECT	Telephone Number: (561) 682-1909
Company: KUOPPALA + ASSOCIATES	Facsimile Number: —
Company Address: 925 S. MILITARY TRAIL - D10	Email Address (optional): KUOPPALARCH@BELLSOUTH.NET

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: ROBERT KUOPPALA	City/State/Zip Code: WEST PALM BEACH, FLA 33415
Title: ARCHITECT	Telephone Number: (561) 682-1909
Company: KUOPPALA + ASSOCIATES	Facsimile Number:
Company Address: 925 SOUTH MILITARY TRAIL - D10	Email Address (optional): KUOPPALARCH@BELLSOUTH.NET

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

4. Signed this 25 day of JUNE, 2019.

Robert E Kuoppala

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 12 day of July 2019 by Robert Kuoppala who is personally known to me, or who has produced _____ as identification and who did/did not take an oath.

Notary Signature

Commission expires: May 3, 2020.

JAMES LAIDLAW
MY COMMISSION # FF 956729
EXPIRES: May 3, 2020
Bonded Thru Budget Notary Services

CITY OF STUART, FLORIDA
DEVELOPMENT DEPARTMENT
PLANNED UNIT DEVELOPMENT (PUD) AMENDMENT APPLICATION

Reviewed By: _____

Application must be legible with all relevant fields completed.

Pre-App Conference Date: 7/15/19	Application Date: 8/5/19
Project Name: KINAG PROFESSIONAL PLAZA	
Parcel ID# 28-37-41-013-000-00010-0	Project Address: NOT ASSIGNED
Zoning/CRA Sub-district: CPUD	
Subdivision: AVONLEA PUD	Lot(s): 1

Fees: Major PUD Amendment - $3,072.00; Minor PUD Amendment: $2,048.00; PUD Agreement Amendment (text change only): $1,024.00 *(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)*

A Major Planned Unit Development Amendment is one which shall include any one of the following;

- A change of two (2) percent or more in the area of any land use designations shown on the site plan;
- Any change in the list of proposed uses;
- An increase in residential density of five (5) percent or more;
- An increase in nonresidential Building square footage of ten (10) percent or more;
- A change in the boundary of the PUD district;
- A change in the site plan or approval regarding any area(s) set aside and designated for future development;
- Any other change determined by the City Development Director to have a potentially significant impact on City services or the surrounding neighborhood;
- An amendment of greater than twelve (12) months to an originally approved timetable of development. Such an amendment may only be approved upon good cause shown to the City Commission. Any contributions conditioned as part of the original PUD agreement shall be revisited upon application for timetable extension. A timetable extension greater than twelve (12) months will require a full concurrency review.

(A Minor Planned Unit Development Amendment is any amendment that is not a Major Amendment.)

Submittal Requirements: A completed application form, the payment of fees, a site 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. (Note: A concept plan may, at the discretion of the applicant, be submitted instead of a site plan if a site plan has not previously been approved. 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. For a Major PUD amendment, the Local Planning Agency (LPA) is required to hold an advertised public hearing and formulate a recommendation to the City Commission. For both types of applications, the City Commission is required to hold an advertised public hearing after which it may approve, approve with conditions, or deny the application.

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.

(over)

General Information
(Please Print or Type)

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

Name: ROBERT KUOPPALA	City/State/Zip Code: WEST PALM BEACH, FL 33415
Title: ARCHITECT	Telephone Number: (561) 682-1909
Company: KUOPPALA + ASSOCIATES - ARCHITECTS	Facsimile Number: —
Company Address: 925 SOUTH MILITARY TRAIL - D10	Email Address (optional): KUOPPALAARCHE BELLSOUTH.NET

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: ROBERT KUOPPALA	City/State/Zip Code: WEST PALM BEACH, FLORIDA 33415
Title: ARCHITECT	Telephone Number: (561) 682-1909
Company: KUOPPALA + ASSOCIATES	Facsimile Number:
Company Address: 925 SOUTH MILITARY TRAIL - D10	Email Address (optional): KUOPPALAARCHE BELLSOUTH.net

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: ROBERT KUOPPALA	City/State/Zip Code: WEST PALM BEACH, FLA 33415
Title: ARCHITECT	Telephone Number: (561) 682-1909
Company: KUOPPALA + ASSOCIATES-ARCHITECTS	Facsimile Number: —
Company Address: 925 SOUTH MILITARY TRAIL - D10	Email Address (optional): KUOPPALAARCHE BELLSOUTH.NET

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

4. Signed this 2 day of JULY, 2019.

Robert E Kuoppala
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 6 day of July by Robert Kuoppala who is personally known to me, or who has produced _____ as identification and who did/did not take an oath.

Commission expires: May 3, 2020

Notary Signature

JAMES LAIDLAW
MY COMMISSION # FF 968729
EXPIRES: May 3, 2020

Corporate Warranty Deed

E-RECORDED simplifile
ID: 2711249 BK: 3011
County: MARTIN P: 267
Date: 8-17-18 Time: 1508

This Indenture, made , August 10, 2018 A.D.
Between
DG Shreveport LLC, a Florida limited liability company whose post office address is: P.O. Box 700607, Saint Cloud, Florida 34771 a corporation existing under the laws of the State of Florida, Grantor and **Christopher W Kindig and Melissa C Kindig, husband and wife** whose post office address is: 646 NE River Terrace, Jensen Beach, Florida 34957, Grantee,

Witnesseth, that the said Grantor, for and in consideration of the sum of Ten and No/100 Dollars ($10.00), to it in hand paid by the said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said Grantee forever, the following described land, situate, lying and being in the County of Martin, State of Florida, to wit:

Lot 1, New Avonlea P.U.D. lying in Sections 28 and 29, Township 37 South, Range 41 East, in the City of Stuart, according to the Plat thereof, recorded in Plat Book 17, Page 35 , Martin County, Florida.

Subject to taxes for the current year, covenants, restrictions and easements of record, if any.

Parcel Identification Number: **28-37-41-013-000-00010-0**

And the said Grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, the said Grantor has caused this instrument to be executed in its name by its duly authorized officer and caused its corporate seal to be affixed the day and year first above written.

DG Shreveport LLC, a Florida limited liability company

Signed and Sealed in Our Presence:

By: _____
William Rocker
Its: Manager

_____
Witness Print Name: MARIA A. CONNELL

_____
Witness Print Name: ALLEN CONNELL

State of Florida
County of Osceola

The foregoing instrument was acknowledged before me this 10th day of August, 2018, by William Rocker, the Manager of DG Shreveport LLC, a Florida limited liability company A corporation existing under the laws of the State of Florida, on behalf of the corporation. He/She is personally known to me or has produced PIK as identification.

Notary Public State of Florida
Maria A Connell
My Commission GG 227187
Expires 09/20/2022

_____(Seal)
Notary Public
Notary Printed Name: MARIA A. CONNELL

My Commission Expires::

Prepared by:
Maria A. Connell, an employee of
Classic Title & Solutions, Inc.,
1341 East Irlo Bronson Memorial Highway
Saint Cloud, Florida 34771

File Number: 18-277