



# CITY OF FORT PIERCE COMMUNITY DEVELOPMENT DEPARTMENT PLANNING DIVISION

COMPREHENSIVE PLANNING ♦ DEVELOPMENT REVIEW  
HISTORIC PRESERVATION ♦ URBAN DESIGN ♦ URBAN FORESTRY ♦ ZONING

## APPLICATION FOR CONCEPTUAL DEVELOPMENT PLAN

Project Name: \_\_\_\_\_

1. Project description for which conceptual approval is requested. \_\_\_\_\_

\_\_\_\_\_

2. Property Tax ID # \_\_\_\_\_

3. Property address \_\_\_\_\_

4. Zoning district \_\_\_\_\_ 5. Future Land Use \_\_\_\_\_ 6. Total Acreage \_\_\_\_\_

7. Building Height(s) \_\_\_\_\_ 8. Building (S.F.) \_\_\_\_\_ 9. Dwelling Units \_\_\_\_\_

10. Historic District (Y/N) \_\_\_\_\_ 11. Lot Coverage (S.F.) \_\_\_\_\_

12. Name of Owner(s): \_\_\_\_\_

Signature of owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone # \_\_\_\_\_

13. Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone # \_\_\_\_\_

14. Name of Representative: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail: \_\_\_\_\_

**An Intake Review Meeting will be required before any submittals are accepted**

**To be completed by the City of Fort Pierce**

Date Received \_\_\_\_\_

By \_\_\_\_\_

Fee: \$250.00 \_\_\_\_\_

Receipt: \_\_\_\_\_