Martin County, Florida Growth Management Department
Development Review Division
2401 South East Monterey Road, Stuart, FL 34996
772-288-5495 www.martin.fl.us

Development Review Application

A. General Information

Type of Application: Select from List

Name or Title of Proposed Project: _____

Brief Project Description:

Provide Previous Project Number or Name (if applicable) _____

Parcel Control Number(s)

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

B. Property Owner Information

Owner (Name or Company): _____

Company Representative: _____

Address: _____

City: _____, State:_____ Zip: _____

Phone: _____ Email: _____

C. Project Professionals

Applicant (Name or Company):_____
Company Representative:_____
Address:_____
City:_____, State:_____ Zip:_____
Phone:_____Email:_____

Agent (Name or Company): _____
Company Representative:_____
Address:_____
City:_____, State:_____ Zip:_____
Phone:_____Email:_____

Contract Purchaser (Name or Company): _____
Company Representative:_____
Address:_____
City:_____, State:_____ Zip:_____
Phone:_____Email:_____

Land Planner (Name or Company): _____
Company Representative:_____
Address:_____
City:_____, State:_____ Zip:_____
Phone:_____Email:_____

Landscape Architect (Name or Company):_____
Company Representative:_____
Address:_____
City:_____, State:_____ Zip:_____
Phone:_____Email:_____

Surveyor (Name or Company):_____
Company Representative:_____
Address:_____
City:_____, State:_____ Zip:_____
Phone:_____Email:_____

Civil Engineer (Name or Company):_____
Company Representative:_____
Address:_____
City:_____, State:_____ Zip:_____
Phone:_____Email:_____

C. Project Professionals Continued

Traffic Engineer (Name or Company): _____
Company Representative: _____
Address: _____
City: _____, State:_____ Zip: _____
Phone: _____ Email: _____

Architect (Name or Company): _____
Company Representative: _____
Address: _____
City: _____, State:_____ Zip: _____
Phone: _____ Email: _____

Attorney (Name or Company): _____
Company Representative: _____
Address: _____
City: _____, State:_____ Zip: _____
Phone: _____ Email: _____

Environmental Planner (Name or Company): _____
Company Representative: _____
Address: _____
City: _____, State:_____ Zip: _____
Phone: _____ Email: _____

Other Professional (Name or Company): _____
Company Representative: _____
Address: _____
City: _____, State:_____ Zip: _____
Phone: _____ Email: _____

D. Completeness Sufficiency Review

Applications submitted for completeness/sufficiency review meetings held on Mondays, must be received by the Growth Management Department no later than 4 p.m. the previous Thursday or in the event of a holiday, 4 p.m. Wednesday. Applications received on Fridays will be scheduled for the following week.

E. Certification by Professionals

Section 10.5.F.6.h., Article 10, Development Review Procedures, Land Development Regulations (LDR), Martin County Code (MCC) provides the following:

> When reviewing a development application that has been certified by a professional listed in F.S. § 403.0877. F.S., the County shall not request additional information from the applicant more than three times, unless the applicant waives the limitation in writing. If the applicant states in writing that the request for additional information is not authorized by ordinance, rule, statute, or other legal authority, the County, at the applicant's request, shall proceed to process the application for approval or denial. (**125.022(1), Fla. Stat.)**

☐ This box must be check if the applicant waives the limitations.

F. Applicant or Agent Certification

I have read this application, and to the extent that I participated in the application, I have answered each item fully and accurately.

_____ _____
Applicant Signature Date

_____
Printed Name

State of _____

County of _____

The foregoing instrument was sworn to, before me by means of ☐ physical presence or ☐ online notarization this ____ day of _____, 20___, by _____, who is ☐ personally known to me or ☐ produced the following type of identification _____.

Notary Public Seal

Notary Public, State of _____

_____
(Printed, Typed or Stamped Name of Notary Public)