



Martin County, Florida Growth Management Department  
Development Review Division  
2401 South East Monterey Road, Stuart, FL 34996  
772-288-5495 [www.martin.fl.us](http://www.martin.fl.us)

## Development Review Application

### A. General Information

Type of Application:

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 checked 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 Florida**

**County of Martin**

The foregoing instrument was  sworn to,  affirmed, or  acknowledged 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 Florida**

\_\_\_\_\_  
**(Printed, Typed or Stamped Name of Notary Public)**