



**City of Stuart**  
**121 SW Flagler Ave.**  
**Stuart, FL 34994**  
**development@ci.stuart.fl.us**  
**(772) 288-5326**

Received by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

## Annexation Application

Project ID# \_\_\_\_\_  
*(Staff Entry)*

|                          |                   |
|--------------------------|-------------------|
| Pre-App Conference Date: | Application Date: |
|--------------------------|-------------------|

### SITE INFORMATION

|  |                                   |
|--|-----------------------------------|
| Project Name:  | Parcel ID#:                       |
| Site Address:  |                                   |
| Subdivision:   | Lot(s):                           |
| Site Acreage:  | Flood Zone/Base Flood Elevation:  |
| Current Zoning District / CRA Subdistrict (if applicable): |                                   |
| Proposed Zoning District:                                  |                                   |
| Current Comprehensive Plan Future Land Use Designation:    |                                   |
| Existing Land Use:   | Proposed Land Use:                |
| Proposed Square Footage (if applicable):                   | Proposed Density (if applicable): |

### PETITIONER INFORMATION

|                                   |                               |
|-----------------------------------|-------------------------------|
| Property Owner:                   | Phone Number / Email Address: |
| Property Owner's Mailing Address: |                               |
| Applicant (if not Owner):         | Phone Number / Email Address: |
| Applicant's Mailing Address:      |                               |
| Agent/Contact Person:             | Phone Number / Email Address: |
| Agent's Mailing Address:          |                               |
| Architect:                        | Engineer:                     |
| Planner:                          | Landscape Architect:          |

# Statement of Ownership and Designation of Authorized Agent

*(Please Print or Type)*

Before me, the undersigned authority, personally appeared \_\_\_\_\_

Who, being by me first duly sworn, on oath deposed and says:

1. That he/she is the fee simple title owner of the property described in the attached Legal Description.
2. That he/she is requesting approval of a \_\_\_\_\_ in the City of Stuart, FL.
3. That he/she has appointed \_\_\_\_\_ to act as an authorized agent on his/her behalf to accomplish the above project.

Name of Owner: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner:

\_\_\_\_\_  
By: Name/Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
P.O. Box

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address:

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Sworn and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ By \_\_\_\_\_.

Personally Known OR Produced Identification  
Type of Identification Produced:

\_\_\_\_\_  
Notary Public

My Commission expires:

\_\_\_\_\_

# **Financial Responsibility Form**

*(Please Print or Type)*

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:            |
| Title:           |
| Company:         |
| Company Address: |

|                           |
|---------------------------|
| City/State/Zip Code:      |
| Telephone Number:         |
| Facsimile Number:         |
| Email Address (optional): |

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

1. Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Property Owner, Lessee, Contract Purchaser or Applicant (circle one)

# Application Requirements

Fee:

- \$1,864.00 for small scale improved property less than 10 acres (*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*)
- \$2,130.00 for all other annexations
- No Fee if Single-Family Residential, Governmental, or Non-taxable Entity.

**Submittal Requirements:**

- A. Completed application form;
- B. Payment of fees;
- C. A concept plan;
- D. An estimate of the direct public costs to provide capital facilities for City utilities and other municipal services required by the development;
- E. An estimate of the ad valorem tax revenues to be generated by the subject property at the current millage rate both prior to and after development;
- F. An estimate of the residential population increase of the City after development; and
- G. Any other information as may be required by the City Development Director in order to do a thorough review of the request.
- H. One (1) copy of all documents on a PDF formatted disc electronically signed and sealed.

*(The data requirements for 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:** Please explain how the proposed annexation would further the relevant goals, objectives, and policies of the City's comprehensive plan (*include additional pages if needed*).

(over)