



Martin County, Florida
Growth Management Department
DEVELOPMENT REVIEW DIVISION
2401 SE Monterey Road, Stuart, FL 34996 772-288-5495 www.martin.fl.us

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AUG 05 2025

GROWTH MANAGEMENT
DEPARTMENT

DEVELOPMENT REVIEW APPLICATION

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A. GENERAL INFORMATION

Type of Application: Variance



Name or Title of Proposed Project: JULIEN 555 SW HARBOR ST

Brief Project Description:

Was a Pre-Application Held? ☐ YES/NO ☒ Pre-Application Meeting Date: _____

Is there Previous Project Information? ☐ YES/NO ☐

Previous Project Number if applicable: BLD2025060179

Previous Project Name if applicable: _____

Parcel Control Number(s)
553841007000003302

B. PROPERTY OWNER INFORMATION

Owner (Name or Company): Karissa Julien & JAYHAD JULIEN

Company Representative: _____

Address: 555 SW HARBOR STREET

City: STUART, State: FL Zip: 34997

Phone: 772 475 5190 Email: JULIEN737@gmail.com
KARISSAJULIEN@gmail.com

C. PROJECT PROFESSIONALS

Applicant (Name or Company): Karissa Julien & Jayhad Julien

Company Representative: _____

Address: 555 SW HARBOR ST

City: STUART, **State:** FL **Zip:** 34997

Phone: 772-888-6945 **Email:** KARISSAASHLEN@gmail.com
JJULIENT37@gmail.com

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:** _____

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): POOL Doctor of the Palm Beaches

Company Representative: ROBERT GOLDSURDO

Address: 1408 N Lillian DR #103

City: LAKE PARK, State: FL Zip: 33403

Phone: 561 586 2815 Email: KNZ1171@ICLOUD.COM

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

7/28/25
Date

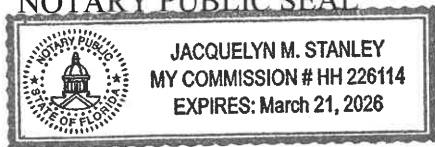
Karissa Julien
Printed Name

STATE OF FLORIDA

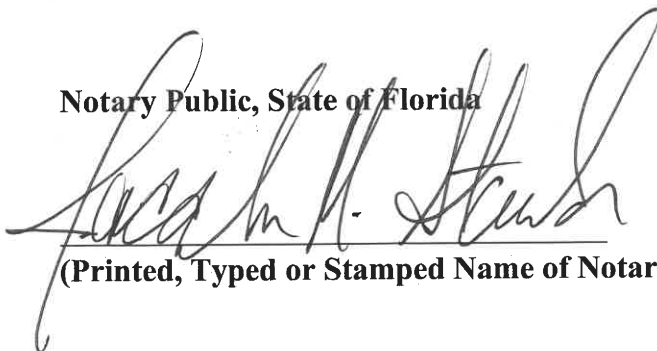
COUNTY OF MARTIN

The foregoing instrument was ☐ sworn to, ☐ affirmed, or ☐ acknowledged before me by means of ☒ physical presence or ☐ online notarization this 28 day of July, 2025, by Karissa Julien, 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)