



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 24 2021

GROWTH MANAGEMENT
 DEPARTMENT

DEVELOPMENT REVIEW APPLICATION

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A. GENERAL INFORMATION

Type of Application: _____ Select from List

Name or Title of Proposed Project: ELIZABETH MANCHESTER POOL

Brief Project Description: VARIANCE FOR A SWIMMING POOL FROM 2 STREET SIDE SETBACKS. 65' SETBACK FROM CENTERLINE NE SUNVIEW DR. 65' SETBACK FROM CENTERLINE NE SKYLINE DR.

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

Is there Previous Project Information? YES/NO

Previous Project Number if applicable: NA

Previous Project Name if applicable: NA

Parcel Control Number(s)
22-37-41-009-000-00120-6

B. PROPERTY OWNER INFORMATION

Owner (Name or Company): ELIZABETH MANCHESTER

Company Representative: _____

Address: 3782 NE SKYLINE DR

City: JENSEN BEACH, State: FL. Zip: 34957

Phone: 703 303 3382 Email: ELIZMANCHESTER@6MHC.COM

C. PROJECT PROFESSIONALS

Applicant (Name or Company): FLORIDA LIFESTYLE POOLS
Company Representative: WARREN ROBERT SIGMAN JR
Address: 1469 SW BALMORAL TRACE CT
City: STUART, State: FL Zip: 34997
Phone: 772 985 1489 Email: ROB@PROPOOLBUILDERS.NET

Agent (Name or Company): WARREN ROBERT SIGMAN JR
Company Representative: _____
Address: 1469 SW BALMORAL TRACE CT
City: STUART, State: FL Zip: 34997
Phone: 772 985 1489 Email: ROB@PROPOOLBUILDERS.NET

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): KNOW IT NOW
Company Representative: _____
Address: 5220 US HIGHWAY 1 # 104
City: VERO BEACH, State: FL Zip: 32967
Phone: 888 396 7770 Email: _____

Civil Engineer (Name or Company): MARKHAM SERVICES INC
Company Representative: _____
Address: 1820 NE JENSEN BCH BLVD # 685
City: JENSEN BEACH, State: FL Zip: 34957
Phone: 954 818 3825 Email: WAYNE@WMB-PE.COM

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): SUNCOAST ELECTRIC + AIR

Company Representative: _____

Address: 4911 LYONS TECHNOLOGY PKWY

City: COCONUT CREEK, State: FL Zip: 33073

Phone: 561-699-8898 Email: SUNCOASTLPR@GMAIL.COM

D. 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.

E. 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.

[Signature]
Applicant Signature

8-9-2021
Date

WARREN ROBERT SIGMAN JR.
Printed Name

NOTARY ACKNOWLEDGMENT

STATE OF: Florida COUNTY OF: Martin

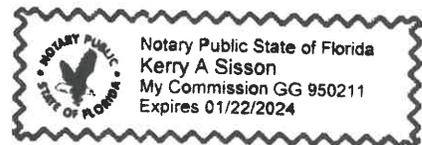
I hereby certify that the foregoing instrument was acknowledged before me this 10 day of August, 20 21, by Warren Robert Sigman

He or She is personally known to me or ___ has produced ___ as identification.

Kerry Sisson.
Notary Public Signature

Kerry Sisson.
Printed name

STATE OF: Florida at-large





Martin County Development Review
Digital Submittal Affidavit

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I, WARREN ROBERT SIGMAN JR, attest that the electronic version included for the project ELIZABETH MANKHESTER POOL 3282 NE SKYLINE DR. JENSEN BEACH is an exact copy of the documents that were submitted for sufficiency, excluding any requested modifications made by the sufficiency review team. All requested modifications, if any, have been completed and are included with the packet.

Applicant Signature

8-9-2021

Date