







DEC 28 2020

GROWTH MANAGEMENT DEPARTMENT

2401 SE Monterey Road, Stuart, FL 34996 772-288-5495 www.martin.fl.us

DEVELOPMENT REVIEW APPLICATION

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	form at www.martin.ii.us/accessioinity-feedback			
A.	GENERAL INFORMATION Type of Application: Selection	ct from List		
	Name or Title of Proposed Project: Paver P	atio and Pergola		
	Brief Project Description: Replacing a damaged paver patio and extending to the Pergola. No screen sides or glass (see support material)	entire length of the house. In al).	addition, installing a 12' x 24'	
	Was a Pre-Application Held? YES/NO	Pre-Application Mee	eting Date:	
	Is there Previous Project Information?	YES/NO		
	Previous Project Number if applicable:	BLD2020091442		
	Previous Project Name if applicable: Reside	ential Paver Block Const	ruction	
	Parcel Control Number(s) 224042020000004601			
В.	PROPERTY OWNER INFORMATION			
- •	Owner (Name or Company): Gregg and Tinamarie Conzone			
	Company Representative:			
	Address: 18172 SE Wood Haven Lane			
	City: Tequesta	, State: FL	Zip: 33469	
	Phone: 631-365-2128		egregg@yahoo.com	

C. PROJECT PROFESSIONALS

Applicant (Name or Company): Alpha Zeta Ent	erprises	
Company Representative: Chuck Smith		
Address: 1131 SW 32nd St.		
City: Palm City	, State:FL	Zip: 34990
Phone: 772-528-9007	Email: chuck@alphasetaent.com	
Agent (Name or Company):		
Company Representative:		
Address:		
City:	. State:	Zip:
Phone:		
Contract Purchaser (Name or Company):		
Company Representative:		
Address:		
City:	, State:	Zip:
Phone:		
Land Planner (Name or Company):		
Company Representative:		
Address:		
City:	, State:	Zip:
Phone:		
Landscape Architect (Name or Company):		
Company Representative:		
Address:		
City:	, State:	Zip:
Phone:		
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 Compa	ny):	
Company Representative:		
Address:		
City:	, State:	Zip:
Phone:		•
Architect (Name or Company):		
Company Representative:		
Address:		
City:	, State:	Zip:
Phone:	Email:	
Attorney (Name or Company):		
Company Representative:		
Address:		
City:	, State:	Zip:
Phone:		
Environmental Planner (Name or (Company):	
Company Representative:		
Address:		
City:	, State:	Zip:
Phone:	Email:	•
Other Professional (Name or Comp	oany):	
Company Representative:		
Address:		
City:	, State:	Zip:
Phone:		•

D. Certification by Professionals

Section 10.2.D.7., Article 10, Development Review Procedures, Land Development Regulations (LDR), Martin County Code (MCC) provides the following:

When reviewing an application for a development permit that is certified by a professional listed in s. 403.0877. F.S., the County shall not request additional information from the application more than three times, unless the applicant waives the limitation in writing. If the applicant believes the request for additional information is not authorized by ordinance, rules, 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.)

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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.

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Applicant Signature	
Grey Conzone Printed Name	
NOTA	RY A
STATE OF Florida	

NOTARY ACKNOWLEDGMENT

STATE OF: Florida COUNTY	Y OF: Martin					
I hereby certify that the foregoing instrument was ackn						
of December, 2020, by Gre	gg D. Conzone.					
He or She is personally known to me or \(\sqrt{\sqrt{has produced}} \) has produced \(\sqrt{\sqrt{Ner} \sqrt{\sqrt{cense}}} \) as						
identification.						
Notary Public Signature	Amberlee Levec Printed name					
STATE OF: Florida at-large	KIMBERLEE LEVEE Notary Public – State of Florida Commission # GG 131693 My Comm. Expires Aug 6, 2021					