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Martin County, Florida  
Growth Management Department  
DEVELOPMENT REVIEW DIVISION  
2401 SE Monterey Road, Stuart, FL 34996 772-288-5495 [www.martin.fl.us](http://www.martin.fl.us)

## DEVELOPMENT REVIEW APPLICATION

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### A. GENERAL INFORMATION

Type of Application:

Variance



Name or Title of Proposed Project: 9187 SE Star Island Way

#### Brief Project Description:

We respectfully request a variance to the 35ft setback to allow for a deck and pool on the north and east sides of the property. This request is for horizontal construction only, similar to other previous approvals in the area, and no vertical construction. The proposed improvements to the property exceed open space requirements by 16% (46% open space is proposed) and do not obstruct views from neighbors. The neighbors within a 300 ft radius have been notified of the proposed improvements.

Was a Pre-Application Held? ☒ YES/NO ☐ Pre-Application Meeting Date: 3/10/21

Is there Previous Project Information? ☐ YES/NO ☒

Previous Project Number if applicable: \_\_\_\_\_

Previous Project Name if applicable: \_\_\_\_\_

#### Parcel Control Number(s)

The Soundings Lot 16, BLK 6  
or 351/849

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### B. PROPERTY OWNER INFORMATION

Owner (Name or Company): Frank Scavone

Company Representative: \_\_\_\_\_

Address: 9187 SE Star Island Way

City: Hobe Sound, State: FL Zip: 33455

Phone: 631 897 4174 Email: solomarinerg@gmail.com

**C. PROJECT PROFESSIONALS**

**Applicant (Name or Company):** Owner

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: \_\_\_\_\_

## PROJECT PROFESSIONALS CONTINUED

**Traffic Engineer (Name or Company):** \_\_\_\_\_

Company Representative: \_\_\_\_\_

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

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Architect (Name or Company):** Marjorie Carrillio, RA

Company Representative: MC Design

Address: 12010 SE Colby Avenue

City: Hobe Sound, State: FL Zip: 33455

Phone: 407 617 6400 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. 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.)



This box must be checked 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

03/15/2021  
Date

Frank Scavone  
Printed Name

**NOTARY ACKNOWLEDGMENT**

STATE OF: Florida COUNTY OF: Marion

I hereby certify that the foregoing instrument was acknowledged before me this 15 day of March, 2021, by Frank Scavone.

He or She    is personally known to me or ✓ has produced Drivers License as identification.

Pamela J Hadley  
Notary Public Signature

Pamela J Hadley  
Printed name

STATE OF: Florida at-large

