

**CITY OF PALM BEACH GARDENS**  
**DEVELOPMENT APPLICATION**

**Planning and Zoning Division**  
**Growth Management Department**  
**CITY OF PALM BEACH GARDENS**  
10500 North Military Trail  
Palm Beach Gardens, FL 33410  
(561) 799-4243 Fax (561) 799-4281

**Request:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Planned Community Development (PCD) | <input type="checkbox"/> Annexation              |
| <input type="checkbox"/> Planned Unit Development (PUD)                 | <input type="checkbox"/> Rezoning                |
| <input type="checkbox"/> Amendment to PCD, PUD or Site Plan             | <input type="checkbox"/> Site Plan Review        |
| <input type="checkbox"/> Conditional Use                                | <input type="checkbox"/> Concurrency Certificate |
| <input type="checkbox"/> Amendment to the Comprehensive Plan            | <input type="checkbox"/> Time Extension          |
| <input type="checkbox"/> Administrative Approval                        | <input type="checkbox"/> Miscellaneous           |
| <input type="checkbox"/> Administrative Appeal                          | <input type="checkbox"/> Other _____             |

Date Submitted: 01/30/2009

**Project Name:** Scripps Florida Phase II/Briger Tract DRI

Owner: The Lester Family Investments, L.P., et. al.  
& Palm Beach County Address: See attached ownership documents.

Applicant (if not Owner): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Agent: Ken Tuma, Urban Design Kilday Studios

Contact Person: Ken Tuma E-Mail: ktuma@udkstudios.com

Agent's Mailing Address: 477 S. Rosemary Avenue, Suite 225, West Palm Beach, FL 33401

Agent's Telephone Number: (561) 366-1100 Fax Number: (561) 366-1111

<b>FOR OFFICE USE ONLY</b>	
Petition Number: _____	Date & Time Received: _____
<b><u>Fees Received</u></b>	
Application \$ _____	Engineering \$ _____
Receipt Number: _____	

CITY OF PALM BCH GDNS  
FEB 03 2009

PLANNING & ZONING DEPT

Architect: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Engineer: Michael B. Schorah & Associates Phone Number: 561 968-0080

Planner: Urban Design Kilday Studios Phone Number: 561-366-1100

Landscape Architect: Urban Design Kilday Studios Phone Number: 561-366-1100

**Site Information:**

**Note: Petitioners shall submit electronic digital files of approved projects. See attachment for details.**

General Location: South of Donald Ross Road, East of Central Blvd, East and West of the Florida's Turnpike

Address: n/a

Section: 26, 35 Township: 41S Range: 42E

Property Control Number(s): 52-42-41-26-00-000-1010, 52-42-41-26-00-000-7010, 52-42-41-35-00-000-3010, 52-42-41-35-00-000-1020, 52-42-41-26-00-000-1030, 52-42-41-26-00-000-1020

Acreage: 681.69 Current Zoning: PDA Requested Zoning: PCD/MXD

Flood Zone B Base Flood Elevation (BFE) – to be indicated on site plan \_\_\_\_\_

Current Comprehensive Plan Land Use Designation: MXD

Existing Land Use: Vacant/Pasture Requested Land Use: Mixed use, bioscience-related community

Proposed Use(s) i.e. hotel, single family residence, etc.: Mixed use

Proposed Square Footage by Use: See Master Plan and Project Narrative

Proposed Number and Type of Dwelling Unit(s) i.e. single family, multifamily, etc. (if applicable): 2,700 units

**Justification**

Information concerning all requests (attach additional sheets if needed.)  
{Section 78-46, Application Procedures, Land Development Regulations}

1. Explain the nature of the request: See the attached Project Narrative  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What will be the impact of the proposed change on the surrounding area? \_\_\_\_\_

Any impacts will be identified and addressed through the DRI and PCD process.

\_\_\_\_\_  
\_\_\_\_\_.

3. Describe how the rezoning request complies with the City’s Vision Plan and the following elements of the City’s Comprehensive Plan – Future Land Use, Transportation, Housing, Infrastructure, Coastal Management, Conservation, Recreation and Open space, Intergovernmental Coordination and Capital Improvement.

Please see the attached Project Narrative.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

4. How does the proposed project comply with City requirements for preservation of natural resources and native vegetation (Section 78-301, Land Development Regulations)?

Please see the PCD application and the Environmental Assessment associated with this project.

\_\_\_\_\_  
\_\_\_\_\_.

5. How will the proposed project comply with City requirements for Art in Public Places (Chapter 78-261, Land Development Regulations)?

Art and Public Place requirements will be addressed during the site plan review process for the non-residential portions of the PCD.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

6. Has project received concurrency certification?

Application has been submitted to the City.

Date received:

**Legal Description of the Subject Property**

(Attach additional sheets if needed)

**Or see attached deed for legal description.**

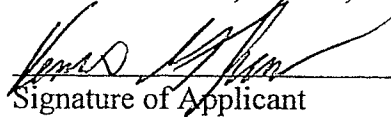
**Location**

The subject property is located approximately \_\_\_\_\_ mile(s) from the intersection of \_\_\_\_\_  
Interstate 95 and Donald Ross Road, on the  north,  east,  south,  west side of \_\_\_\_\_  
Donald Ross Road \_\_\_\_\_ (street/road).

**Applicant's Certification**

I/We affirm and certify that I/we understand and will comply with the land development regulations of the City of Palm Beach Gardens, Florida. I/WE further certify that the statements or diagrams made on any paper or plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that this application, attachments, and application filing fees become a part of the official records of the City of Palm Beach Gardens, Florida, and are not returnable.

Applicant is:

  
\_\_\_\_\_  
Signature of Applicant

Owner

**Ken Tuma**  
\_\_\_\_\_  
Print Name of Applicant

Optionee

**477 S. Rosemary Avenue, Suite 225**  
\_\_\_\_\_  
Street Address

Lessee

**West Palm Beach, Florida 33401**  
\_\_\_\_\_  
City, State, Zip Code

Agent

**(561) 366-1100**  
\_\_\_\_\_  
Telephone Number

Contract Purchaser

**(561) 366-1111**  
\_\_\_\_\_  
Fax Number

**ktuma@udkstudios.com**  
\_\_\_\_\_  
E-Mail Address