AGENDA

STAFF DEVELOPMENT REVIEW COMMITTEE

CITY OF PORT ORANGE

Meeting Date: Wednesday, February 5, 2020 **Time:** 9:00 AM

Location: Community Development
Conference Room, 2nd Floor
City Hall, 1000 City Center Circle

PROJECT REVIEW #1:
9:00AM

APPLICATION: Site Plan/Advent Health Port Orange
CASE NO.: 20-80000001
LOCATION: 5811 S. Williamson Boulevard
STAFF PLANNER: Gwen Perney, Senior Planner (386) 506-5673/gperney@port-orange.org
APPLICANTS: Zev Cohen & Associates, Inc.; 300 Interchange Boulevard, Ormond Beach, FL 32174
PROJECT ENGINEER: Zev Cohen & Associates, Inc.; 300 Interchange Boulevard, Ormond Beach, FL 32174

A proposal by the applicant to construct a +/-18,000 square-foot emergency care facility and +/-15,000 square-foot medical office building with associated site improvements on 7.13 acres.

The Staff Development Review Committee (SDRC) provides technical review for all applications for development approval. All Project Engineers and/or applicants are requested to attend the SDRC meeting scheduled for their project. If for some reason you are unable to attend the meeting, please contact the Community Development Department as soon as possible at (386) 506-5674. All SDRC meetings are open to the public pursuant to F.S. 286.011.

For further information regarding items scheduled for this meeting, please contact the Community Development Department, 2nd floor City Hall, at (386) 506-5674. If you wish to obtain a verbatim record of this meeting, please contact the City Clerk's office at (386) 506-5563.

NOTE: IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS AN ACCOMMODATION IN ORDER TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT THE CITY CLERK FOR THE CITY OF PORT ORANGE, 1000 CITY CENTER CIRCLE, PORT ORANGE, FLORIDA 32129, TELEPHONE NUMBER 386-506-5563, CITYCLERK@PORT-ORANGE.ORG, AS FAR IN ADVANCE AS POSSIBLE, BUT PREFERABLY WITHIN 2 WORKING DAYS OF YOUR RECEIPT OF THIS NOTICE OR 5 DAYS PRIOR TO THE MEETING DATE. IF YOU ARE HEARING OR VOICE IMPAIRED, CONTACT THE RELAY OPERATOR AT 7-1-1 or 1-800-8771. UPON REQUEST BY A QUALIFIED INDIVIDUAL WITH A DISABILITY, THIS DOCUMENT WILL BE MADE AVAILABLE IN AN ALTERNATE FORMAT. IF YOU NEED TO REQUEST THIS DOCUMENT IN AN ALTERNATE FORMAT, PLEASE CONTACT THE CITY CLERK WHOSE CONTACT INFORMATION IS PROVIDED ABOVE.