



Community & Economic Development Department
 15516 SW Osceola Street, Indiantown, FL 34956
 Tel: (772) 597-8269
www.IndiantownFL.gov

DEVELOPMENT APPLICATION

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND ALL ATTACHMENTS TO THE APPLICATION AND THAT THE FACTS STATED IN IT ARE TRUE.

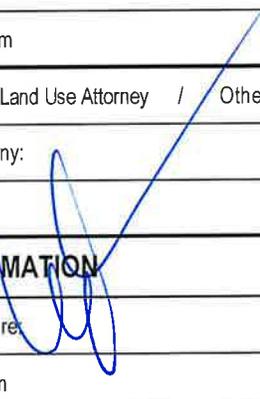
INITIALS

A INSTRUCTIONS		B OFFICE USE ONLY	
<input checked="" type="checkbox"/> Please print or type all information. The application must be filled out accurately and completely. Answer all questions including criteria where an item might not be applicable, in which case write N/A (Not Applicable).		Main Project Application No.	Application Received Date
<input checked="" type="checkbox"/> Please refer to the appropriate Submittal Checklist for all additional documents, in conjunction with this application, due at time of first submittal.		Escrow No.	
2 APPLICATION TYPE (Check all the applicable development applications)			
<input type="checkbox"/>	Abandonment/Vacation of Right-of-Way or Easement	<input type="checkbox"/>	Land Use Plan Map Amendment
<input type="checkbox"/>	Administrative Variance	<input type="checkbox"/>	Major Site Plan / Site Plan Amendment
<input type="checkbox"/>	Alcohol Beverage License	<input type="checkbox"/>	Minor Administrative Site Plan / Site Plan Amendment
<input type="checkbox"/>	Annexation or Contraction	<input type="checkbox"/>	Minor Site Plan/ Site Plan Amendment
<input type="checkbox"/>	Appeal	<input checked="" type="checkbox"/>	Planned Development
<input type="checkbox"/>	Conditional Use	<input type="checkbox"/>	Plat / Plat Exemption / Plat Waiver
<input type="checkbox"/>	Comprehensive Plan Text Amendment	<input type="checkbox"/>	Research
<input type="checkbox"/>	Dedication of Right-of-Way or Easement	<input checked="" type="checkbox"/>	Rezoning
<input type="checkbox"/>	Development Agreement / Amendment	<input type="checkbox"/>	Special Exception
<input type="checkbox"/>	Dry Run Plan Review	<input type="checkbox"/>	Variance
<input type="checkbox"/>	Flood Plain Variance	<input type="checkbox"/>	Vested Rights
<input type="checkbox"/>	Land Development Code Amendment	<input type="checkbox"/>	Zoning Interpretation / Verification Letter
3 PROJECT DESCRIPTION			
Project Location — Parcel ID Number(s):			
13820 SW SILVER FOX LN INDIANTOWN FL			
Parcel ID #s: 34-39-38-000-00011-4			
Development / Project Name	Silver Fox Grid Station PUD		
Development / Project Address	13820 SW Silver Fox Lane		
	Indiantown, FL 34956		
Valuation of Proposed Development			
Current Use(s) of Property	Agricultural		
Proposed Use(s) of Property	Data Center / Industrial		
Residential Use(s) / Unit Type(s)			
Number of Residential Units			
Non-residential Total Building Gross SF			
Site Area (SF & Acres)	296.23 acres		

3 TEAM MEMBERS CONTACT INFORMATION (Combination of multiple titles is permitted, e.g. Agent & Architect)

Select Title: <input checked="" type="checkbox"/> Agent / <input type="checkbox"/> Planner / <input type="checkbox"/> Architect / <input type="checkbox"/> Landscape Architect / <input type="checkbox"/> Engineer / <input type="checkbox"/> Land Use Attorney / <input type="checkbox"/> Other:	
Name: Morris A. Crady	Company: Lucido & Associates
Telephone No.: 772 220-2100	E-mail: mcrady@lucidodesign.com
Select Title: <input type="checkbox"/> Planner / <input type="checkbox"/> Architect / <input type="checkbox"/> Landscape Architect / <input type="checkbox"/> Engineer / <input checked="" type="checkbox"/> Land Use Attorney / <input type="checkbox"/> Other:	
Name: Bob Burson	Company: Robert Burson, PA
Telephone No.: 772-286-1616	E-mail: bob@robertburson.com
Select Title: <input type="checkbox"/> Planner / <input type="checkbox"/> Architect / <input type="checkbox"/> Landscape Architect / <input checked="" type="checkbox"/> Engineer / <input type="checkbox"/> Land Use Attorney / <input type="checkbox"/> Other:	
Name: Patrick LaConte	Company: LaConte Engineering
Telephone No.: 772-215-0354	E-mail: placonte@laconteengineering.com
Select Title: <input type="checkbox"/> Planner / <input type="checkbox"/> Architect / <input type="checkbox"/> Landscape Architect / <input type="checkbox"/> Engineer / <input type="checkbox"/> Land Use Attorney / <input checked="" type="checkbox"/> Other: Surveyor	
Name: Peter Andersen	Company: GCY, Inc.
Telephone No.: 772-286-8083	E-mail: PeteA@gcyinc.com
Select Title: <input type="checkbox"/> Planner / <input type="checkbox"/> Architect / <input type="checkbox"/> Landscape Architect / <input type="checkbox"/> Engineer / <input type="checkbox"/> Land Use Attorney / <input checked="" type="checkbox"/> Other: Environmental Consultant	
Name: Drew Gatewood	Company: Advanced Restoration Ecology
Telephone No.: 772-242-7200	E-mail: drew.gatewood@gmail.com
Select Title: <input type="checkbox"/> Planner / <input type="checkbox"/> Architect / <input type="checkbox"/> Landscape Architect / <input type="checkbox"/> Engineer / <input type="checkbox"/> Land Use Attorney / <input type="checkbox"/> Other:	
Name:	Company:
Telephone No.:	E-mail:

4 PROPERTY OWNER INFORMATION

Name: Silver Fox 606 LLC	Signature: 
Telephone No.: 772-286-5123	E-mail: nferreira@ferreiragroup.com
Address: 12800 US Hwy 1, Suite 300, Juno Beach, FL 33408	

NOTARIZATION

STATE OF FLORIDA /COUNTY OF MARTIN

The foregoing instrument was acknowledged before me by means of physical presence or online notarization,

this 14 day of JANUARY, 2020 by NELSON FERREIRA (name of person acknowledging)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification Type of Identification Produced _____



AGENT AUTHORIZATION FORM

Parcel Id(s) Parcel ID #: 34-39-38-000-00011-4

Subject Site Address: 13820 SW Silver Fox Lane, Indiantown, FL 34956

Property Owner: Silver Fox 606 LLC

The undersigned, registered property owners of the subject site, do hereby authorize

Morris A. Crady of Lucido & Associates
(Contractor / Agent) Name of Consutant Firm

to act on my behalf and take all actions necessary for the processing, issuance and acceptance of this application and all standard and special conditions associated.

Agent Address: 701 SE Ocean Blvd., Stuart, FL 34994

Business Phone: 772.220.2100

E-mail: mcrary@lucidodesign.com

We hereby certify the above information submitted in this application is true and accurate to the best of our knowledge.

Owner Signature

[Signature]
Agent Signature (to accept authorization)

STATE OF FLORIDA:
COUNTY OF MARTIN

Sworn and subscribed before me this 14th day of JANUARY, 20 20.

Kelsey Intoppa
Signature of Notary Public
Notary Public for the State of Florida

My Commission Expires
5/9/2029



APPLICANT'S AFFIDAVIT FORM

The Undersigned, first being duly sworn depose that all answers to the questions in this application, and all supplementary documents made a part of the application are honest and true to the best of (my)(our) knowledge and belief. (I)(We) understand this application must be complete and accurate before the application can be submitted and the hearing advertised.

OWNER OR TENANT AFFIDAVIT

(I/WE), Nelson Ferreira, Manager of Silver Fox 606 LLC, being first duly sworn, depose and say that (I am/ We are) the owner tenant of the property described, and which is the subject matter of the proposed project and any related public hearing.

[Signature] 1/14/2026

Signature and Date

Signature and Date

Sworn to and subscribed to before me this 14th day of JANUARY, 2026

Notary Public Kelsey Intoppa

Commission Expires 5/9/2029



ATTORNEY AFFIDAVIT

I, Robert A. Burson, being first duly sworn, depose and say that I am a State of Florida Attorney at Law, and I am the Attorney for the Owner of the property described and which is the subject matter of the proposed hearing.

Robert A. Burson

Signature

STATE OF FLORIDA:

COUNTY OF MARTIN

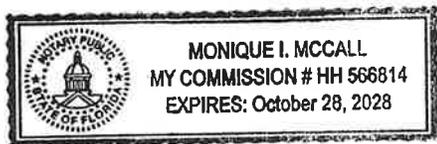
Sworn and subscribed before me this 7th day of January, 20 26.

Monique I. McCall

Signature of Notary Public
Notary Public, for the State of Florida

My Commission Expires

10/28/28



See Attachments

DISCLOSURE OF INTEREST FORM

If the property, which is the subject of the Application, is owned or leased by a **CORPORATION**, list the Principal Stockholders and the percentage of stock owned by each. NOTE: Where the Principal Officers or Stockholders consist of another Corporation(s), Trustee(s), Partnership(s) or other similar entities, further disclosure shall be required which discloses the identity of the individual(s) (natural persons) having the ultimate ownership interest in the aforementioned entity.

Not applicable
Corporation Name

Name, Address and Office	Percentage of stock
_____	_____
_____	_____
_____	_____
_____	_____

If the property, which is the subject of the Application, is owned or leased by a **TRUSTEE**, list the Principal Stockholders and the percentage of stock owned by each. NOTE: Where the Principal Officers or Stockholders consist of another Corporation(s), Trustee(s), Partnership(s) or other similar entities, further disclosure shall be required which discloses the identity of the individual(s) (natural persons) having the ultimate ownership interest in the aforementioned entity.

Trust Name

Name, Address and Office	Percentage of stock
_____	_____
_____	_____
_____	_____
_____	_____

Attachment 1

Ownership / Management – Silver Fox 606 LLC

Name	Address
Silver Fox 606 LLC, a Florida limited liability company	12800 US Highway One, Suite 300 Juno Beach, FL 33408

Name	Address	Interest
Ferreira 2023 Dynasty Trust Nelson Ferreira, Sole Manager	12800 US Highway One, Suite 300 Juno Beach, FL 33408	80%
NF Power Holdings Juno Beach LLC Nelson Ferreira, Sole Manager	725 NE Bayberry Lane, Jensen Beach, FL 34957	20%



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
SILVER FOX 606 LLC

Filing Information

Document Number L25000156135
FEI/EIN Number NONE
Date Filed 04/01/2025
State FL
Status ACTIVE

Principal Address

12800 US HIGHWAY ONE
SUITE 300
JUNO BEACH, FL 33408

Mailing Address

12800 US HIGHWAY ONE
SUITE 300
JUNO BEACH, FL 33408

Registered Agent Name & Address

ROBERT A. BURSON, P.A.
900 SE OCEAN BLVD.
C-120
STUART, FL 34994

Authorized Person(s) Detail

Name & Address

Title MGR

FERREIRA, NELSON
12800 US HIGHWAY ONE, SUITE 300
JUNO BEACH, FL 33408

Annual Reports

No Annual Reports Filed

Document Images

[04/01/2025 -- Florida Limited Liability](#) [View image in PDF format](#)

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L25000156135
FILED 8:00 AM
April 01, 2025
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:

SILVER FOX 606 LLC

Article II

The street address of the principal office of the Limited Liability Company is:

12800 US HIGHWAY ONE
SUITE 300
JUNO BEACH, FL. US 33408

The mailing address of the Limited Liability Company is:

12800 US HIGHWAY ONE
SUITE 300
JUNO BEACH, FL. US 33408

Article III

Other provisions, if any:

THIS IS A MANAGER MANAGED LIMITED LIABILITY COMPANY.

Article IV

The name and Florida street address of the registered agent is:

ROBERT A. BURSON, P.A.
900 SE OCEAN BLVD.
C-120
STUART, FL. 34994

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ROBERT A. BURSON

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
NELSON FERREIRA
12800 US HIGHWAY ONE, SUITE 300
JUNO BEACH, FL. 33408 US

L25000156135
FILED 8:00 AM
April 01, 2025
Sec. Of State
jafason

Signature of member or an authorized representative

Electronic Signature: ROBERT A. BURSON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

Sec. 12-2(8) Cost Recovery.

COST RECOVERY AFFIDAVIT

I hereby acknowledge and consent to the payment of **all applicable fees** involved as part of my application process. These fees include but are not limited to application fees, postage, advertising, attorney fees and any outside contractors, agents or consultants **regardless of the outcome of the public hearing.**

Please type or print the following:

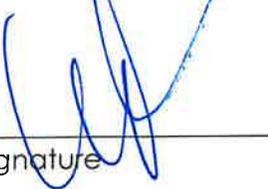
Date: January 14, 2026

Full Name: Nelson Ferrerira, Manager of Silver Fox 606 LLC

Current Address: 12800 US Hwy 1, Suite 300 City: Juno Beach

State: Florida Zip: 33408

Telephone Number (772) 286-5123 Email: nferreira@ferreiragroup.com



Signature

STATE OF FLORIDA:
COUNTY OF MARTIN

Sworn and subscribed before me this 14th day of JANUARY, 20 26.

Kelsey Intoppe

Signature of Notary Public
Notary Public, for the State of Florida



My Commission Expires
5/9/2029

Pursuant to Chapter 12, Sec. 12-2(8) Cost Recovery of the Village of Indiantown Land Development Regulations.

Sec. 12-2 (11). – Withdrawal of Development Applications and Refund of Fees.

Pursuant to Chapter 12(11) of the Village Land Development Code (LDR), an application for development review may be withdrawn at any time. For applications filed in accordance with the LDR and subsequently withdrawn, the applicant may request a fee refund. The refund request must be made on a form provided by the Village. The amount of refund will be based on the point in time of the review process when the application withdrawal is initiated by the applicant. The refund schedule is as follows: a. 75 percent prior to staff review or legal advertisement (whichever comes first). b. 25 percent prior to drafting of the staff report. c. 15 percent 10 business days prior to the village council hearing on the application. d. No refund shall be granted if an applicant withdraws the application at the village council meeting in which the application is scheduled to be heard.

I Morris A. Crady, have read and understand the refund policy related to Land Development Fees in the Village of Indiantown.

APPLICANTS, PLEASE

-----DO NOT WRITE BELOW THIS LINE-----

Received Date: _____
Fee Paid: Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Amount Paid: _____ Cash [<input type="checkbox"/>] Check [<input type="checkbox"/>] # _____
Received by: _____

Application Number: _____

Application Number: _____

Application Number: _____

Application Number: _____