	Community 50 Bal	Marco Island Affairs Department d Eagle Drive sland, FL 34145 000 or FAX: 239-39	
	Project N	ame Change	
Petition number: PNC	Dat	e Received:	Project No:
Planner:			
	ABOVE TO BE CO	OMPLETED BY S	STAFF
Property Owner(s):			
Owner's Address:		City:	State: ZIP:
Telephone:	Fax:		_ Cell:
Email:			
Agent's Address:		City:	State: ZIP:
Telephone:	Fax:		_ Cell:
Email:			
Request Detail			
Current Project Name:			
Proposed Project Name:			
Current Street Name:			
Proposed Street Name:			
Section:			
Subdivision:		Lot(s):	Block:
Total Number of Property	Owners Affected	:	

## AFFIDAVIT

We/I,	being first duly sworn,	depose and say t	hat we	/I am/	are the
owners of the property described herein and	d which is the subject matte	er of the proposed	hearing	g; that	t all the
answers to the questions in this applicatio	n, including the disclosure	of interest inform	ation,	all sk	etches,
data, and other supplementary matter attack	hed to and made a part of t	his application, are	e hones	st and	true to
the best of our knowledge and belief. We	/I understand that the infor	mation requested	on thi	s app	lication
must be complete and accurate and that the	e content of this form, wheth	er computer gene	rated o	r City	printed
shall not be altered. Public hearings will not	<u>t be advertised until this ap</u>	plication is deeme	<u>d com</u>	olete,	<u>and all</u>
required information has been submitted.	We/I hereby also conser	nt to access to th	ie subj	ject p	roperty
(excluding entering any home or other encl	osed structure) by City of I	Marco Island staff	membe	ers, P	lanning
Board members, and/or Board or Zoning Ap	opeals members for the lim	ited purpose of ev	aluating	g, obs	serving,
or understanding the subject property condi	tions as they relate to the p	etition. While the	petitio	n is p	ending,
Staff members, Planning Board members, o	r Board of Zoning Appeals	members will be a	llowed	acces	s upon
the property provided they display a Marco I	Island City Photo ID or a Va	lid Driver's Licens	Э.		
As property owner we/I further authorize		to	act	as	our/my

Signature of Property Owner	Signature of Property Owner	
Printed Name of Property Owner	Printed Name of Property Owner	
The foregoing instrument was acknowledged before me this	day of, 20_	
by, who is personally knows	own to me or has produced	
as identification.		
State of Florida		
County of		
	(Seal)	
Signature, Notary Public – State of Florida		

Printed, Typed, or Stamped Name of Notary

representative in any matters regarding this Petition.

## **PROJECT NAME CHANGE PETITION**

## **APPLICATION SUBMITTAL CHECKLIST**

This completed checklist is to be submitted with application packet

REQUIREMENTS	# OF COPIES REQUIRED
Cover Letter	1
Addressing Checklist	1
Completed Application	1
Completed Owner/Agent affidavit, signed	1
and notarized	
Application fee, check shall be made	
payable to "The City of Marco Island" in the	
amount of \$500.00 plus \$1.00 for each	
affected property owner to be notified.	

As the authorized agent/applicant for this petition, I attest that all of the information indicated on this checklist is included in this submittal package. I understand that failure to include all necessary submittal information may result in the delay of processing this petition.

of Petitioner or Agent

Date

\_\_\_\_ Signature