

City of Marco Island Growth Management Department 50 Bald Eagle Drive Marco Island, FL 34145 Phone: 239-389-5000

SDP SITE DEVELOPMENT PLAN APPLICATION

Petition number: SDP- _____ Date Received: _____

PF-26

Planner:

ABOVE TO BE COMPLETED BY STAFF

- Site Development Plan Review (See Section 30-674 for requirements)
- □ Site Improvement Plan Review (See Section 30-677 for requirements)
- Site Development Plan Amendment Review (See Section 30-676 for requirements)
- Site Development Plan Minor Amendment Review (See Section 30-676 for requirements)
- □ Site Development Plan Third and Subsequent Review
- □ Site Development Plan Time Extension

Agents Information

Agent's Name:				
Agent's Addres	SS:			
City:		State:	Zip Code:	
Phone Number	:	Email:		
Owners Inform	nation			
Owner(s):				
City:		State:	Zip Code:	
Phone Number	:	Email:		
PROJECT NAME	Ξ:			
If this project			al Use or a Variance appr r Variance Application.	oved, please
Number:		Date Appro	oved:	
LOCATION:	Section:	Township:	Range:	
•	nent Plan Application (11 yofmarcoisland.com	/2021)		Page 1 of 5

Unit:	Block:	Lot:
Property I.I	D. #:	Existing Zoning:
Type of de	evelopment proposed:	Size (acreage) of the project:
No. of Dwe	elling Units:	Commercial Square Footage:
		PROJECT DESCRIPTION
	ADJAC	ENT ZONING AND LAND USE:
Property	Zoning	Land Use
Subject		
N		
S		
E		
W		

I hereby submit and certify the application to be complete and accurate.

Signature of Agent

Date

<u>SDP, SIP AND SDPA FEE CALCULATION</u> = BASE FEE \$5,000.00 PLUS:

RESIDENTIAL: \$40.00 per unit:

NON-RESIDENTIAL: \$.05 per gross square foot of building:

SITE CLEARING PLAN REVIEW FEE: \$300.00 for 1st acre, \$100.00 per additional acre or fraction of an acre:

SITE DEVELOPMENT PLANS: (3RD and subsequent reviews) \$300.00

SITE DEVELOPMENT PLAN TIME EXTENSION: \$250.00

Additional information or corrections that will be required for formal submittals:

Total Fees required for submittal:

<u>SDP MINOR AMENDMENT <</u> 10 PERCENT CHANGE = \$400.00 1ST SHEET & \$100.00

FOR EACH ADDITIONAL SHEET

(Fees per Resolution 21-50)

SITE DEVELOPMENT PLAN APPLICATION SUBMITTAL CHECKLIST

This completed checklist is to be submitted with application packet

REQUIREMENTS	# OF COPIES REQUIRED
Completed Application	1
Completed Owner/Agent affidavit, signed and notarized	1
Pre-application notes/minutes	1
Site Plan, Architectural Elevations, Landscape Plan, drainage plan, any required studies, and any additional information. Copy of approved Site Development Plan or Site Improvement plan by the City or County if applying for an amendment.	1 Please submit through GHhelp@cityofmarcoisland.com
Digital copy of all items above	1
TOTAL FEES	Application fee, check shall be made payable to "The City of Marco Island" in the amount of:

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.

Signature of Petitioner or Agent

Date

AFFIDAVIT

We/I,	being first duly sworn, depose and say that we/I am/are the
owners of the property described	d herein and which is the subject matter of the proposed hearing; that all
the answers to the questions in th	is application, including the disclosure of interest information, all sketches,
data, and other supplementary r	matter attached to and made a part of this application, are honest and
true to the best of our knowled	ge and belief. We/I understand that the information requested on this
application must be complete	and accurate and that the content of this form, whether computer
generated or City printed shall no	ot be altered. We/I hereby also consent to access to the subject property
(excluding entering any home or	r other enclosed structure) by City of Marco Island staff members for the
limited purpose of evaluating, ob	oserving, or understanding the subject property conditions as they relate
to the Site Development Plan. W	/hile the Site Development Plan is pending, staff members will be allowed
access upon the property provid	ed they display a Marco Island City Photo ID or a Valid Driver's License.

As property owner we/I further authorize	to	act	as	our/my
representative in any matters regarding this Petition.				

Signature of Property Owner	Signature of Property Owner		
Printed Name of Property Owner	Printed Name of Property Owner		
The foregoing instrument was acknowledged befo	re me this day of, 20,		
by, who is persona	lly known 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			