



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

Request for Interpretation and Vested Rights

Applicable Sections of the Marco Island Land Development Code Sec. 30-4 and 30-5

APPLICANT NAME: _____ or _____
Name Company

MAILING ADDRESS: _____
Street City State Zip Code

PHONE #: _____ **Email:** _____

Address of Subject Site: _____
Street City State Zip Code

Folio Number (aka Property ID#): _____

Property Owners/Agent Name:

Verification being requested. (Please state *specifically* the questions you would like answered in the space below or on a separate attachment.):

See below for submittal requirements. Please allow 20 business days for processing. Incomplete applications will not be processed.

Submittal Requirements:

- Please attach survey, plans, or any other information which may be relevant to your request.

Fees:

- Interpretation \$1,000.00 < 20 hrs. \$2,000.00 20-40 hrs. \$3,000.00 > 40 hrs.
- Vested Rights \$125.00 Appeal \$1,000.00

The application can be delivered to the Growth Management Department or mailed to: 50 Bald Eagle Drive, Marco Island, Florida 34145 – Attn: Growth Management Department.

Applicant Signature: _____ **Date:** _____