

CITY OF MINNEOLA, FLORIDA
APPLICATION FOR SITE PLAN REVIEW
(Please type or write very clearly)

The application material described herein is based on the provisions of Section 122 – 41 Development Standards of the City Code. The Code is available online at www.municode.com. The requirements below are minimums that may be adjusted in the pre-application conference.

Applicant Name: _____

Applicant Address: _____

Applicant Phone #: _____ Fax # and/or E-mail: _____

Applicant is: Owner Developer Lessee Agent Optionee (ck one)

General Location and/or Street Address: _____

Alternate Key Number(s): _____

Subject Site Area (acres or sq. ft.): _____

Existing FLUM: _____ Existing Zoning: _____

Present Use & List Of Structures By Use: _____

Has this site been subject to other development applications in the last two years?
No: _____ If Yes, provide the type of action and date of final action below.

Describe The Proposed Use: _____

**CITY OF MINNEOLA, FLORIDA
APPLICATION FOR SITE PLAN REVIEW (cont'd)**

CONTACT LIST

Owner Name: _____

Owner Address: _____

Owner Phone #: _____ Fax # and/or E-mail: _____

Designated Project Contact Name: _____

Contact Address: _____

Contact Phone #: _____ Fax # and/or E-mail: _____

Engineer Name: _____ Registration #: _____

Engineer Address: _____

Engineer Phone #: _____ Fax # and/or E-mail: _____

Architect Name: _____ Registration #: _____

Architect Address: _____

Architect Phone #: _____ Fax # and/or E-mail: _____

Landscape Architect Name: _____ Registration #: _____

L. Architect Address: _____

L. Architect Phone #: _____ Fax # and/or E-mail: _____

CERTIFICATION

I, the undersigned, do hereby certify that I have read the application and the relevant guidance material and understand the requirements described therein and that I will fully comply with all City, State and Federal regulations applicable to this project.

I understand that the application fee is non-refundable.

I further understand that I am responsible to reimburse the City for the actual advertising costs AND the actual consultant's review fees, if any. Said fees shall be paid within 30 days of receipt of the City's invoice **OR** further processing of the application will cease until the invoice is paid in full.

I understand that only application packages that are determined complete by the Department will be scheduled for review.

Applicant Signature

Date

Payment Record for Office Use:

Applicant Name: _____

Application for: _____

Amount: _____ Account #: _____

Amount: _____ Account #: _____

Rec'd by: _____ Date: _____ Check #: _____

LDR Compliance Fee #0-001-000-329-100 ~ Engineering Compliance Fee #0-001-000-329-105

NPDES STORMWATER CERTIFICATION STATEMENT

Project Name: _____

I hereby certify that proper Erosion and Sediment Control (ESC) procedures will be implemented by the Construction Site Operator from project initiation through project completion.

I further certify that Best Management Practices (BMPS) will be implemented to ensure proper control of waste materials on site and to limit the exposure of general project litter and hazardous materials to stormwater.

Project Owner Information

Project Owner Name: _____

Owner Address: _____

Phone #: _____ Fax # and/or E-mail: _____

(Signature and title) Date: _____

Project Contractor Information

Project Contractor Name: _____

Contractor Address: _____

Phone #: _____ Fax # and/or E-mail: _____

(Signature and title) Date: _____