

City of Minneola Planning Department

800 N Highway 27, Minneola, FL 34715 (352) 394 – 3598 x172

<u>Planned Development Application</u>

The following information is required for all Planned Development Amendment Applications:

Rec'd	Requirement
	(1) Legal description
	(6) 24" x 36" & (2) 11" x 17" Master Plan signed and sealed by a Professional Engineer
	(1) Copy of proposed Development Amendment
	(1) Signed application form and checklist
	(1) Signed and notarized Property Owner's Authorization form
	(1) Completed Adjacent Property Owners form
	(1) copy of the first page of property record cards for all parcels within 300 feet of the
	subject parcel
	(1) set of mailing labels for all parcels within 300 feet of the subject parcel
	(1) CD containing all applications and documents in PDF format
	\$1,000.00 non-refundable fee

Application Review Process

Development Review Process (DRP)

The DRP reviewers shall review every application and make recommendations to the Planning & Zoning Commission (P&Z)

The DRP will provide written comments/recommendations to the applicant and the P&Z

Planning and Zoning Commission (P&Z)

A Planning and Zoning review is required by the City Code

The Planning Dept. is responsible to ensure the proper legal advertising is done in a timely manner

POST OFFICE BOX 678, MINNEOLA, FLORIDA 34755 ♦ (352) 394-3598 ♦ FAX (352) 394-7201

City of Minneola Planned Development Application Cont.

City Council

The City Council must conduct one public hearing regarding the proposed amendment The City Council may defer consideration of the subject application at any time

Transmit to:

City of Minneola Planning Department 800 N Highway 27 Minneola, FL 34715 (352) 394 – 3598 x172

Office Use:		
Applicant Name:		
Application for:		
Amount:	Check #:	
Rec'd by:	Date:	Receipt #:

POST OFFICE BOX 678, MINNEOLA, FLORIDA 34755 ♦ (352) 394-3598 ♦ FAX (352) 394-7201

City of Minneola Planned Development Application Cont.

Applicant Name:	
Applicant Address:	
	Fax or E-mail:
Project Name:	
General Location and/or Street Address:	
Owner Name:	
Owner Address:	
Owner Phone #:	Fax or E-mail:
Reason for the request:	
I, the undersigned, do hereby certify that I have	e read the application and the relevant guidance material perein and that I will fully comply with all City, State and
I understand that the application fee is non-ref	fundable.
•	eimburse the City for the actual advertising costs AND the es shall be paid within 30 days of receipt of the City's n will cease until the invoice is paid in full.
I understand that only application packages the scheduled for review.	at are determined complete by the Department will be
Applicant Signature	Date

City of Minneola Planned Development Application Cont.

Owner's Authorization

(required if the property owner is not the applicant)

STATE OF FLORIDA COUNTY OF LAKE

COU	INTY OF LAKE		
Befo	ore me, the undersigned authority, persona	ally appeared	
who	is being by me first duly sworn on oath, d	eposes and says:	
1.	That he/she is the property owner of the subject parcels in this application.		
2.	That he/she desires to apply for a Planned Development on land generally located at:		
3.	That he/she has appointed to act as agent in his/her behalf to acc	complish the above	
4.	-	ssociated with the application, review, and hearings for the above	
	Owner's Signature		
		, 20 before me,	
		ements in the State and County aforesaid, personally	
	earedas identification	•	
prod	SEAL as identificate	sir and ard (ard not) take an oath.	
		Signature of Acknowledger	
		Acknowledger Name	
Seria	al Number	My Commission Expires	

City of Minneola Planned Development Application Cont.

Adjacent Property Owners

Type a list of owner's names and mailing addresses for all property owners lying within 300 ft of all sides of the property described in the attached application, as recorded in the current County tax rolls, or attach copies of the appropriate property record card.

Alternate Key #	Property Owner	Address, include Zip Code

Use additional pages as necessary.



City of Minneola

800 N. US Hwy 27 Minneola, FL 34715 (352) 394-3598

Waiver / Disclaimer and Condition Pursuant to Chapter 166.033, Florida Statutes

Applicant:					
Authorized Representative*:					
Application Number:					
Application Request:					
I, (Prin	t Applicant / Authorized Representative*				
	(Applicant) hereby waive the deadlines te Section 166.033 as the provisions of said statute apply ut not limited to:				
 30-day Staff review of Applicant's application 	ntion and/or response to Request for Additional				
 30-day requirement for Applicant's responsible. The limitation of three (3) requests by the information. 	onse to City's Request for Additional information e City of Minneola for additional				
•	Applicant's application approving, denying, or approving of the determination of incompleteness, as applicable.				
•	y development review meetings on Thursdays for me to ibmittal. It is my responsibility to request and schedule a				
	 tive* Date				

^{*}Agent Authorization Form required.