



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

Planned Development Application

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

| Rec'd | Requirement |
|-------|---|
| | (1) Legal description |
| | (3) 24" x 36" Master Plan signed and sealed by a Professional Engineer |
| | (10) 11" x 17" Master Plan |
| | (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 Applications need to be submitted by the 1st of the month to be considered at the next month's Planning & Zoning Commission meeting. Any and all supporting documents that need to be reviewed by the Commission need to be submitted by the 15th of the same month to be included in the packet for review.

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: _____

Applicant Phone #: _____ 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: _____

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 consultants' 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

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

Before me, the undersigned authority, personally appeared _____

who is being by me first duly sworn on oath, deposes 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 accomplish the above.

Owner's Signature

This is to certify that on _____, 20__ before me,
an officer duly authorized to take acknowledgements in the State and County aforesaid, personally
appeared _____ he/she is personally know to me or has
produced _____ as identification and did (did not) take an oath.

SEAL

Signature of Acknowledger

Acknowledger Name

Serial Number

My Commission Expires

