

**CITY OF MINNEOLA, FLORIDA  
PLANNED DEVELOPMENT AMENDMENT**

**CHECKLIST**

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

- \_\_\_\_\_ 1 – Legal Description
- | \_\_\_\_\_ **43** – 24" x 36" Master Plan signed and sealed by a Professional Engineer
- \_\_\_\_\_ 10 – 11" x 17" Master Plan [signing and sealing not required]
- \_\_\_\_\_ 1 – Signed Application form and Checklist
- \_\_\_\_\_ 1 – Signed and notarized Property Owner's Authorization (if applicable)
- \_\_\_\_\_ 1 – Completed Adjacent Property Owners Form using Microsoft Word format
- \_\_\_\_\_ 1 – Copy of only the 1st page of Property Record Cards for all parcels within 300 feet of all sides of the subject parcel [not both]
- \_\_\_\_\_ 1 – CD in PDF format including application package text and graphics
- | \_\_\_\_\_ **Non-refundable fee of \$1,000**

**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 P&Z review is required by the City Code
  - The Planning Dept. is responsible to ensure the proper legal advertising is done in a timely manner

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

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*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*

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**CITY OF MINNEOLA, FLORIDA  
PLANNED DEVELOPMENT AMENDMENT**

**APPLICATION**

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

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**OWNER'S APPLICATION AUTHORIZATION  
(Required if the property owner of record is not the applicant)**

**STATE OF FLORIDA**

**COUNTY OF LAKE**

Before me, the undersigned authority, personally appeared \_\_\_\_\_  
who being by me first duly sworn on oath, deposes and says:

1. That he/she is the property owner of the subject parcel(s) in this application.
2. That he/she desires to apply for a Planned Development Amendment for land generally located at (insert legal description)

\_\_\_\_\_  
\_\_\_\_\_

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 acknowledgments in the State and County aforesaid,  
personally appeared \_\_\_\_\_ he/she is  
personally known 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

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**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 on the current County tax rolls, **OR** attach photocopies of the appropriate Property Record Cards. **[not both]**

<b>Alternate Key #</b>	<b>Property Owner</b>	<b>Address (include zip code)</b>

*Use additional pages as necessary*

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