

**CITY OF MINNEOLA, FLORIDA
800 N. US Hwy 27
PLANNED DEVELOPMENT AMENDMENT**

CHECKLIST

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

- _____ 1 – Legal Description
- _____ 3 – 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 or
- _____ 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 – Set of mailing labels for adjacent property owners for all parcels within 300 feet of all sides of the subject parcel
- _____ 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

Applications need to be submitted by the 1st of the month to be considered at the next 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.

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: *Planning & Zoning Department, 800 N. U.S. Hwy 27, Minneola, FL 34715*
*Phone: 352-394-3598, extension 2202 or 2200***

Fax, or e-mail, submissions are not acceptable.

Payment Record for Office Use:

Applicant Name: _____

Application for: _____

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Amount: _____ Check #: _____

Amount: _____ Check #: _____

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

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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 _____

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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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Use additional pages as necessary
