

DEPARTMENT OF DEVELOPMENT SERVICES CITY PLANNING DIVISION

For Internal Use Only	
Case	
Date	

Tel. (239) 574-0553 Fax (239) 574-0591 P.O. Box 150027 Cape Coral, FL 33915-0027

PLANNED DEVELOPMENT PROJECT (PDP) AMENDMENT APPLICATION

First Request to extend the build-out period for a project.

Pre-Application Conference Required

A pre-application conference is required with the Development Services Department prior to submitting a PDP Amendment application.

Pre-Application Meeting Date:	. 20 .

PDP APPLICATION REQUIREMENTS

- A letter of intent explaining why construction on the site has not occurred within the period of time required by the PDP. Such justification may include, but is not limited to the following:
 - Change of ownership of the property subsequent to the project approval.
 - o A deterioration of economic conditions subsequent to project approval.
 - State or national health-related emergencies.
 - o Adverse weather conditions that have impeded the physical development of the site.
- A boundary survey of the site.
- A legal description of the site in a WORD document.
- A copy of the previously approved Master Concept Plan.

Fees: A \$55.00 nonrefundable fee is required with the submittal of the application.



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PLANNED DEVELOPMENT PROJECT (PDP) AMENDMENT APPLICATION

PROPERTY INFORMATION					
Project Name:					
Strap Number		Unit	Block	Lot (s)	
Plat Book		_ Future Land Use			
	PROF	PERTY OWNER (S) II	<u>VFORMATION</u>		
Owner		Address		 	
Phone		City			-
Email	· · · · · · · · · · · · · · · · · · ·	State	Zip		
Owner	· · · · · · · · · · · · · · · · · · ·	Address		.	
Phone	· · · · · · · · · · · · · · · · · · ·	City			_
Email		State	Zip		
	APPLICANT	INFORMATION (If d	lifferent from (owner)	
Applicant		Address			
	City				
Email	mailStateZip				
AUTHORIZED REPRESENTATIVE INFORMATION (If Applicable)					
Representative		Addre	ess		
Phone		City	-		-
Email		State	Zip	· · · · · · · · · · · · · · · · · · ·	



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If the owner does not own the property in his/her personal name, the owner must sign all applicable forms in his/her corporate capacity.

(ALL SIGNATURE MUST BE NOTARIZED)

The owner of this property, or the applicant agrees to conform to all applicable laws of the City of Cape Coral and to all applicable Federal, State, and County laws and certifies that all information supplied is correct to the best of their knowledge.

CORPORATION/COMPAI	NY NAME (IF APPLICA	ABLE)			
OWNER'S NAME (TYPE OR PRINT)		(OWNER'S	SIGNATURE	
OWNER'S NAME (TYPE OR PRINT)			OWNER'S SIGNATURE		
APPLICANT NAME (TYPE	OR PRINT)	7	APPLICAN1	T SIGNATURE	
I have read and understan copy of the Notice of Publi		_	. ,		
STATE OF					
COUNTY OF					
Sworn to (or affirmed) and	subscribe before me, k	by means of	□ physical	presence or □	online
notarization, on this	day of	, 2	0 by		,
know is personally known	to me or produced			as identificatio	n.
	Exp Date:	Com	mission Nu	mber:	
	Signature of notary	Public:			
	Printed Name of No	otary Public:			



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PLEASE BE ADVISED THAT _____

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AUTHORIZATION TO REPRESENT PROPERTY OWNER(S)

	(Na	ame of person givi	ng presentation)
IS AUTHORIZED TO REPRESEXAMINER AND CITY COUN		REQUEST BEFO	RE THE HEARING
UNIT BLOCK	LOT(S)	SUBDIVISIO	ON
OR LEGAL DESCRIPTION			
LOCATED IN THE CITY OF C	APE CORAL, CO	UNTY OF LEE, FL	LORIDA.
PROPERTY OWNER (Please	Print)	PRO	PERTY OWNER (Signature & title)
PROPERTY OWNER (Please	Print)	PRO	PERTY OWNER (Signature & title)
STATE OF,	COUNTY OF		
Sworn to (or affirmed) and sul	oscribe before me	, by means of \Box p	hysical presence or □ online
notarization, on this	day of	, 20	by,
know is personally known to m	e or produced		as identification.
	Exp Date:	Commis	ssion Number:
	Signature of nota	ary Public:	
	Printed Name of	Notary Public:	
Note: Please list all owners. corporation papers.	If a corporation,	please supply the	e Planning Division with a copy of