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) ABANDONMENT APPLICATION

NOTE: Owners wishing to abandon part, but not the entire land area of a PDP, must file a PDP amendment application. These applications require public hearings before the Hearing Examiner and the City Council.

General Requirements

1. **Ownership.**
   1. The owner of 100% of the property governed by the PDP must file and sign the application.
2. **Letter of intent – A letter of intent is required that addresses the following:**
   1. A request to abandon the PDP and the reason for requesting the abandonment.
   2. A statement acknowledging the owner(s) agree to relinquish all entitlements granted by the PDP, except for any rezone, vacation, variance, or subdivision previously approved.
   3. A statement acknowledging the future entitlements will be sought under the Land Development Code.
3. **A current site plan showing all existing improvements to the project area.**
4. **A legal description and accompanying sketch of the area proposed to be abandoned.**

Review Criteria and Standards

1. Conditions appearing in the development order must meet at least one of the following criteria:
   - **a)** The condition has been satisfied by the developer.
   - **b)** An unsatisfied condition will not have an adverse effect on other property owners in the project.
   - **c)** An unsatisfied condition will not have an adverse effect on the City.

FEES: A $55.00 nonrefundable fee is required with the submittal of the application. The owner is also required to reimburse the City for recording the eventual abandonment documents with the Lee County Clerk of Circuit Court.

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PROPERTY INFORMATION

Project Name: _____

Location/Address_____

Strap Number_____ Unit____ Block _____Lot (s)_____

Plat Book_____ Page_____ Future Land Use_____ Current Zoning_____

PROPERTY OWNER (S) INFORMATION

Owner_____ Address_____

Phone_____ City_____

Email_____ State _____Zip_____

Owner_____ Address_____

Phone_____ City_____

Email_____ State _____Zip_____

APPLICANT INFORMATION (If different from owner)

Applicant _____ Address_____

Phone_____ City_____

Email_____ State _____Zip_____

AUTHORIZED REPRESENTATIVE INFORMATION (If Applicable)

Representative_____ Address_____

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/COMPANY NAME (IF APPLICABLE)

_____ _____
OWNER'S NAME (TYPE OR PRINT) OWNER'S SIGNATURE

_____ _____
OWNER'S NAME (TYPE OR PRINT) OWNER'S SIGNATURE

_____ _____
APPLICANT NAME (TYPE OR PRINT) APPLICANT SIGNATURE

I have read and understand the above instructions.

STATE OF _____

COUNTY OF_____

Sworn to (or affirmed) and subscribe before me, by means of ☐ physical presence or ☐ online notarization, on this _____ day of _____, 20__ by _____, know is personally known to me or produced _____ as identification.

Exp Date: _____ Commission Number: _____

NOTARY STAMP HERE

Signature of Notary Public: _____

Printed Name of Notary Public: _____

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ACKNOWLEDGEMENT FORM

I have read and understand these instructions.

I understand any decision rendered by the CITY shall be subject to a thirty (30) day appeal period. Any work performed within the thirty (30) day time frame or during the APPEAL process will be completed at the applicant's risk.

I understand I am responsible for all fees, including recording costs. Application fees are to be submitted to the City of Cape Coral with the application.

By submitting this application, I acknowledge and agree that I am authorizing the City of Cape Coral to inspect the subject property and to gain access to the subject property for inspection purposes reasonably related to this application and/or the permit for which I am applying.

I hereby acknowledge that I have read and understood the above affidavit on the_____ Day of_____, 20_____.

_____ CORPORATION/COMPANY NAME

_____ OWNER'S NAME (TYPE or PRINT)

_____ OWNER'S SIGNATURE

STATE OF _____, COUNTY OF_____

Sworn to (or affirmed) and subscribe before me, by means of ☐ physical presence or ☐ online notarization, on this _____ day of _____, 20__ by _____, know is personally known to me or produced _____ as identification.

Exp Date: _____ Commission Number: _____

NOTARY STAMP HERE

Signature of Notary Public: _____

Printed Name of Notary Public: _____

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AUTHORIZATION TO REPRESENT PROPERTY OWNER(S)

PLEASE BE ADVISED THAT _____
(Name of person giving presentation)

IS AUTHORIZED TO REPRESENT ME IN THIS APPLICATION.

UNIT_____ BLOCK_____ LOT(S) _____ SUBDIVISION _____

OR LEGAL DESCRIPTION _____

LOCATED IN THE CITY OF CAPE CORAL, COUNTY OF LEE, FLORIDA.

_____ _____
PROPERTY OWNER (Please Print) PROPERTY OWNER (Signature & title)

_____ _____
PROPERTY OWNER (Please Print) PROPERTY OWNER (Signature & title)

STATE OF _____, COUNTY OF_____

Sworn to (or affirmed) and subscribe before me, by means of ☐ physical presence or ☐ online notarization, on this _____ day of _____, 20__ by _____, know is personally known to me or produced _____ as identification.

Exp Date: _____ Commission Number: _____

NOTARY STAMP HERE

Signature of Notary Public: _____

Printed Name of Notary Public: _____

Note: Please list all owners. If a corporation, please supply the Planning Division with a copy of corporation papers.