DEPARTMENT OF DEVELOPMENT SERVICES
CITY PLANNING DIVISION

Tel. (239) 574-0776
Fax (239) 574-0591
P.O. Box 150027
Cape Coral, FL 33915-0027

Vested Rights Determination

VESTED RIGHTS DETERMINATION APPLICATION REQUIREMENTS

1. ☐ **Application Fee $500.00**
2. ☐ **Application, Acknowledgement Form, Authorization to Represent**
   - All forms must be filled out completely and legible.
   - All forms must be signed by the property owner(s) and must be notarized.
   - If the owner does not own the property in his/her personal name (e.g. LLC, trust, etc.), the owner must sign all applicable forms in his/her corporate capacity.
   - If the authorized representative is an attorney, the application and the Acknowledgement Form may be signed by the attorney, and an Authorization to Represent Property Owner Form is not required.
3. ☐ **Sworn Statement:** Signed written statement describing the basis upon which the applicant asserts a vested rights claim (in the owner's or applicant's words).
4. ☐ **Sworn Statement - Documentary Evidence (be sure to censor any sensitive information)**: Any evidence supporting the sworn statement. At minimum this should include copies of any rezoning ordinance(s), Planned Development Projects or amendments, Planned Unit Developments, or other cases identified within the application.

Vested Rights Application

A property owner who has submitted a site development plan to the City on or after March 20, 2024, and prior to April 17, 2024, for a self-storage facility or car wash facility use may apply for a vested rights determination. All vested rights determinations require a public hearing and approval by the City Council.

PROJECT INFORMATION

Project Name: _____

Use (check one) ☐ self-storage facility ☐ car wash facility

Pre-Application Number (if any): _____

Date of Pre-application meeting (if any): _____

Site Development Plan Number (if any): _____

Building Permit Number(s) (if any): _____

List of Rezoning Ordinances, Planned Development Projects or Amendments, Planned Unit Developments, or other cases affecting the entitlement of the property (if any):

_____

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PROPERTY INFORMATION

Location/Address_____

Strap Number_____ Unit____ Block _____Lot (s)_____

Plat Book_____ Page_____ Future Land Use_____ Current Zoning_____

Legal Description (if property is not platted): _____
_____
_____

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.

(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

STATE OF _____

COUNTY OF_____

Sworn to (or affirmed) and subscribe before me, by means of ☐ physical presence or ☐ online notarization, on this _____ day of _____, 2024 by _____, know is personally known to me or produced _____ as identification.

Exp Date: _____ Commission Number: _____

Signature of Notary Public: _____

Printed Name of Notary Public: _____

AUTHORIZATION TO REPRESENT PROPERTY OWNER(S)

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

IS AUTHORIZED TO REPRESENT ME IN THE REQUEST BEFORE THE HEARING EXAMINER AND CITY COUNCIL FOR:

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 _____, 2024 by _____, know is personally known to me or produced _____ as identification.

Exp Date: _____ Commission Number: _____

Signature of Notary Public: _____

Printed Name of Notary Public: _____

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