

APPLICATION FOR A TYPE D LIMITED REVIEW DEVELOPMENT ORDER IN UNINCORPORATED AREAS ONLY

This application will be processed electronically. I acknowledge that final plans and documents will only be availy be a County's econnect system. Name of Applicant: Address: City, State, Zip: Phone Number: Relationship of Applicant to owner (check one) and provide Affidavit of Authorization form [10 10-153(1)]: Applicant is the sole owner of the property. Applicant has been authorized by the owner(s) to represent them for this action. Authorized Agent: (If different than applicant) Name of the person who is to receive all Coninitiated correspondence regarding this application. [10-153(a); 10-153(2)] a. Company Name: Contact Person: Address: City, State, Zip: Phone Number: b. Additional Agent(s): Provide the names and contact information of other agents that the County contact concerning this application. [10-153(2)f.] Single owner (if different than applicant): [10-153(2)d.] Name: Address: City, State, Zip: Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]	_	·					
This application will be processed electronically. I acknowledge that final plans and documents will only be available to County's eConnect system. Name of Applicant: Address: City, State, Zip: Phone Number: Relationship of Applicant to owner (check one) and provide Affidavit of Authorization form [10 10-153(1)]: Applicant is the sole owner of the property. Applicant has been authorized by the owner(s) to represent them for this action. Authorized Agent: (If different than applicant) Name of the person who is to receive all Coninitiated correspondence regarding this application. [10-153(a); 10-153(2)] a. Company Name: Contact Person: Address: City, State, Zip: Phone Number: b. Additional Agent(s): Provide the names and contact information of other agents that the County contact concerning this application. [10-153(2)f.] Single owner (if different than applicant): [10-153(2)d.] Name: Address: City, State, Zip: Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]	cque		CIP Project: No No				
This application will be processed electronically. I acknowledge that final plans and documents will only be available to County's eConnect system. Name of Applicant: Address: City, State, Zip: Phone Number: Relationship of Applicant to owner (check one) and provide Affidavit of Authorization form [10 10-153(1)]: Applicant is the sole owner of the property. Applicant has been authorized by the owner(s) to represent them for this action. Authorized Agent: (If different than applicant) Name of the person who is to receive all Coninitiated correspondence regarding this application. [10-153(a); 10-153(2)] a. Company Name: Contact Person: Address: City, State, Zip: Phone Number: b. Additional Agent(s): Provide the names and contact information of other agents that the County contact concerning this application. [10-153(2)f.] Single owner (if different than applicant): [10-153(2)d.] Name: Address: City, State, Zip: Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]							
Address: City, State, Zip: Phone Number: Relationship of Applicant to owner (check one) and provide Affidavit of Authorization form [10 10-153(1)]: Applicant is the sole owner of the property. Applicant has been authorized by the owner(s) to represent them for this action. Authorized Agent: (If different than applicant) Name of the person who is to receive all Colinitiated correspondence regarding this application. [10-153(a); 10-153(2)] a. Company Name: Contact Person: Address: City, State, Zip: Phone Number: b. Additional Agent(s): Provide the names and contact information of other agents that the County contact concerning this application. [10-153(2)f.] Single owner (if different than applicant): [10-153(2)d.] Name: Address: City, State, Zip: Phone Number: E-mail: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]	This	application will be	processed electronically. I acknowledge that final plans and documents will only be availab				
Address: City, State, Zip: Phone Number: Relationship of Applicant to owner (check one) and provide Affidavit of Authorization form [10 10-153(1)]: Applicant is the sole owner of the property. Applicant has been authorized by the owner(s) to represent them for this action. Authorized Agent: (If different than applicant) Name of the person who is to receive all Colinitiated correspondence regarding this application. [10-153(a); 10-153(2)] a. Company Name: Contact Person: Address: City, State, Zip: Phone Number: b. Additional Agent(s): Provide the names and contact information of other agents that the County contact concerning this application. [10-153(2)f.] Single owner (if different than applicant): [10-153(2)d.] Name: Address: City, State, Zip: Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]	.	Name of Applica	t:				
Phone Number:		Address:					
Relationship of Applicant to owner (check one) and provide Affidavit of Authorization form [10 10-153(1)]: Applicant is the sole owner of the property. Applicant has been authorized by the owner(s) to represent them for this action. Authorized Agent: (If different than applicant) Name of the person who is to receive all Corinitiated correspondence regarding this application. [10-153(a); 10-153(2)] a. Company Name: Contact Person: Address: City, State, Zip: Phone Number: b. Additional Agent(s): Provide the names and contact information of other agents that the County contact concerning this application. [10-153(2)f.] Single owner (if different than applicant): [10-153(2)d.] Name: Address: City, State, Zip: Phone Number: E-mail: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]			F				
Applicant is the sole owner of the property. Applicant is the sole owner of the property. Applicant has been authorized by the owner(s) to represent them for this action. Authorized Agent: (If different than applicant) Name of the person who is to receive all Coninitiated correspondence regarding this application. [10-153(a); 10-153(2)] a. Company Name:		Phone Number:	E-maii:				
Applicant is the sole owner of the property. Applicant has been authorized by the owner(s) to represent them for this action. Authorized Agent: (If different than applicant) Name of the person who is to receive all Cotinitiated correspondence regarding this application. [10-153(a); 10-153(2)] a. Company Name: Contact Person: Address: City, State, Zip: Phone Number: b. Additional Agent(s): Provide the names and contact information of other agents that the County contact concerning this application. [10-153(2)f.] Single owner (if different than applicant): [10-153(2)d.] Name: Address: City, State, Zip: Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]		Relationship of Applicant to owner (check one) and provide Affidavit of Authorization form [10-10					
Authorized Agent: (If different than applicant) Name of the person who is to receive all Coninitiated correspondence regarding this application. [10-153(a); 10-153(2)] a. Company Name: Contact Person: Address: City, State, Zip: Phone Number: b. Additional Agent(s): Provide the names and contact information of other agents that the County contact concerning this application. [10-153(2)f.] Single owner (if different than applicant): [10-153(2)d.] Name: Address: City, State, Zip: Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]		` '-	e sole owner of the property.				
Authorized Agent: (If different than applicant) Name of the person who is to receive all Coninitiated correspondence regarding this application. [10-153(a); 10-153(2)] a. Company Name: Contact Person: Address: City, State, Zip: Phone Number: b. Additional Agent(s): Provide the names and contact information of other agents that the County contact concerning this application. [10-153(2)f.] Single owner (if different than applicant): [10-153(2)d.] Name: Address: City, State, Zip: Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]		☐ Applicant has	been authorized by the owner(s) to represent them for this action.				
initiated correspondence regarding this application. [10-153(a); 10-153(2)] a. Company Name: Contact Person: Address: City, State, Zip: Phone Number: b. Additional Agent(s): Provide the names and contact information of other agents that the County contact concerning this application. [10-153(2)f.] Single owner (if different than applicant): [10-153(2)d.] Name: Address: City, State, Zip: Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]			(2)				
Contact Person: Address: City, State, Zip: Phone Number: b. Additional Agent(s): Provide the names and contact information of other agents that the County contact concerning this application. [10-153(2)f.] Single owner (if different than applicant): [10-153(2)d.] Name: Address: City, State, Zip: Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]		Authorized Agent: (If different than applicant) Name of the person who is to receive all Count initiated correspondence regarding this application. [10-153(a); 10-153(2)]					
Address: City, State, Zip: Phone Number: E-mail: b. Additional Agent(s): Provide the names and contact information of other agents that the County contact concerning this application. [10-153(2)f.] Single owner (if different than applicant): [10-153(2)d.] Name: Address: City, State, Zip: Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]	;	a. Company Na	me:				
City, State, Zip: Phone Number: E-mail: b. Additional Agent(s): Provide the names and contact information of other agents that the County contact concerning this application. [10-153(2)f.] Single owner (if different than applicant): [10-153(2)d.] Name: Address: City, State, Zip: Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]			on:				
b. Additional Agent(s): Provide the names and contact information of other agents that the County contact concerning this application. [10-153(2)f.] Single owner (if different than applicant): [10-153(2)d.] Name: Address: City, State, Zip: Phone Number: E-mail: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]							
b. Additional Agent(s): Provide the names and contact information of other agents that the County contact concerning this application. [10-153(2)f.] Single owner (if different than applicant): [10-153(2)d.] Name: Address: City, State, Zip: Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]							
contact concerning this application. [10-153(2)f.] Single owner (if different than applicant): [10-153(2)d.] Name: Address: City, State, Zip: Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]		Phone Numb	#1 C-IIIdii				
Name: Address: City, State, Zip: Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]	ا						
City, State, Zip: Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]		• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					
Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]		Address:					
Phone Number: E-mail: STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]	(City, State, Zip:					
STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]	I	Phone Number:	E-mail:				
Street Address of Property:	. :	STRAP Number(s): [Attach extra sheets if additional space is needed.] [10-153(3)a.]					
	_ . ;	Street Address o	Property:				
Planning Community or Community Plan Area*: *Note: Additional requirements may apply. See LDC Chapter 33 for additional information.							

LEE COUNTY COMMUNITY DEVELOPMENT PO BOX 398 (1500 MONROE STREET), FORT MYERS, FL 33902 PHONE (239) 533-8585

8.	Improvements in County Rights-of-Way . Is the proposed development solely for improvements within County owned rights-of-way?							
	YES – If YES, application items #10 through 17, 19 & 20 do not apply.							
	□ NO							
9.	Utility Installations. Is the proposed development solely an installation of utilities? YES – If YES, application items #10 through 17, 19 & 20 do not apply. NO							
10.	Legal description (on 8½" x 11" paper) and sealed sketch of the legal description							
	 OR The property is located within a subdivision platted per F.S. Chapter 177, and is recorded in the Official Records (or Plat Books) of Lee County. 							
11.	Boundary Survey: [10-154(3)] A Boundary survey, tied to the state plane coordinate system.							
	OR A copy of the subdivision plat if the property is located within a subdivision platted per F.S. Chapter 177, and is recorded in the Official Records (or Plat Books) of Lee County							
12.	Use(s) of Property:							
	a. Current uses of property are:b. Intended uses of property are:							
13.	Lee Plan (Future Land Use) Designation:							
14.	Current Zoning of Property:							
15.	Property Dimensions [10-153(3)(c)]: a. Width (average if irregular parcel): b. Depth (average if irregular parcel): Feet Feet							
	c. Total area: Acres or square feet							
16.	Zoning Approval(s). List the case number or resolution number of any variance, special exception, rezoning, or other zoning actions that have been granted or requested on the property. [10-153(4)]							
17.	DO/LDO Approval(s) . List the case number of any development order or development standards exemptions that have been approved or filed on the property. [10-153(4)]							
18.	Site Plan. Site plan (36"x24"), to scale, illustrating at a minimum: existing and proposed lot lines; buildings and uses; streets; accessways; off-street parking; water management facilities; buffering; open space; and any structures on adjacent property which may be affected by the requested development. [10-175(2)]							
19.	Commercial Building Design. Is the proposed development within a commercial zoning district? [10-600] YES – If YES, Commercial Architectural Design Standards apply (see LDC Section 10-600) NO – If NO, application items #20 through 22 do not apply.							
20.	Commercial Architectural Design Applicability: Which category best describes the proposed development? If the answer is anything other than "None of the above," then Commercial Architectural Compliance is required (see architectural review requirements in LDC Section 10-600, et al.). [10-602] New Building Building Addition (>50% of square footage of existing building) Renovation (>50% of square footage of existing building) Redevelopment (>50% of square footage of existing building)							
	Discontinuance (use of building was discontinued for one year or more) None of the above (If none of the above, application items #21 & 22 do not apply)							

21.	Architect Name:		Phone #:			
22.	Architectural Design Style: Indicate the architectural design style proposed for this project. {Note: If the proposed development is within an individual Planning Community/Community Plan area (see application tem #7), then refer to the specific Architectural style requirements outlined in LDC Chapter 33.}					
	☐ Mediterranean☐ Old Florida☐ Modern International☐ Main Street		☐ Spanish☐ Vernacular☐ Florida Vernacular☐ Other			
23.	 Other documentation: Other relevant documentation such as copies of permit applications or approvals applicable to the requested development. [10-175(7)] 					
	Please review the <u>Limited Development Order - Type D: Application and Approval Guide</u> to help you submit the required application and documents to receive a Lee County Development Order.					