



**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

MINOR PLANNED UNIT DEVELOPMENT (PUD) AMENDMENT APPLICATION

NOTE: a pre-application conference is required with the Department of Development Services prior to submitting a Minor PUD Amendment application.

Pre-Application Date: _____

MINOR PUD AMENDMENT APPLICATION REQUEST(S)

Please check all that apply. If a request to amend a PUD is not described below, the amendment will require a different application and the scheduling of public hearings for approval.

- Increase the residential density of the project by less than 10%.
- Increase the commercial intensity of the project by less than 10%.
- Decrease the amount of open space for the project by less than 5%.
- Change a dimensional standard for the project by no more than 10%.

PUD AMENDEMENT APPLICATION REQUIREMENTS

- Letter of Intent (see below).
- Copy of the approved master concept plan.
- Copy of the proposed or amended master concept plan.
- Copy of the approved landscape plan (if applicable).
- Copy of the proposed or amended landscape plan (if applicable).
- Legal description of the site or sites affected by the amendment.
- Other information required by staff to analyze the requested PUD amendment.
- Application fees (see below).



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LETTER OF INTENT

The letter of intent shall include the following information:

- General project description.
- Description of requested change or changes to the project.
- Detailed discussion of how the request is consistent with review standards appearing in LDC, Section 3.4.7.1.3.a.-f.
- A discussion of any previous PUD amendment approvals.

FEES

The fee for filing a Minor PUD Amendment Application is \$300.00. This fee is due on the date of filing the amendment with the City. An application shall not be considered complete until the fee has been filed.

All applicants receiving approval of a Minor PUD Amendment are required to reimburse Development Services for fees associated with recording the approved amendment with the Lee County Clerk of Circuit Court.



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MINOR PUD AMENDMENT APPLICATION

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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AUTHORIZATION TO REPRESENT PROPERTY OWNER(S)

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

IS AUTHORIZED TO REPRESENT ME IN THE REQUEST.

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.