

CITY OF CAPE CORAL DEPARTMENT OF COMMUNITY DEVELOPMENT

	BUILDING PER	RMIT NO.:			
		AGREEMENT			
The undersigned, a	as the legal owner o	of property describe	ed as:		
[UNIT]at:	[BLOCK]	[LOT]		and located	
hereby requests the requiring compliand 4.1.3.B, Zoning Dimore than 60% of acknowledges and surface area in ordestudy may not be complete and read to the LDC. As a such time as the complete and to the LDC as a such time as the complete and further certificate of occurrequirement of the	ce with the maximustrict Dimensional strict Dimensi	um lot coverage of Standards, of the I st of impervious such the City is review an amendment to ime the construction occupancy or, if consumers and amendment will one surfaces pursual knowledges, and arementioned Table rage of impervious	impervious surfact and Development of the issue of the the LDC is warrant on on the above-complete, may not recate of occupancy occur, an amendment to Table 4.1.3 agrees that prior is not repealed,	said property without ces, pursuant to Table t Code (LDC), that no ersigned understands, e maximum impervious ted, the results of the described property is result in an amendment of may be delayed until ent is adopted, or the LB is repealed. The to the issuance of a compliance with the e LDC's in effect at the	
compliance with T hold the City of Ca for damages, inclupermit and any de Certificate of Occu The undersigned freview of the maguarantee or warra	Table 4.1.3.B of the lape Coral, its officer uding damages for lay the undersigned pancy for the proper urther acknowledge kimum lot coverage.	e LDC's, the unders, employees, and delay, that may range and may experience arty. The sest that, though the e of impervious sest that are the complete by articles.	rsigned hereby ag agents harmless esult from the issus a result of the Control City of Cape Corurfaces, the City	operty without requiring grees to indemnify and from any and all claims suance of said building City's inability to issue a all is diligently pursuing of Cape Coral cannot or that such review will	
Date://_		Owner Sig	Owner Signature:		
			ıme:		
		Mailing Ac	dress		
		City, State	, ZIP		
State of Florida County of Lee					
The forego	ing instrument w , 20	as acknowledged	before me thi	s day of	
My Commission Expires:			Notary Public		

Personally known___ or produced ID___. Type of identification produced:____