



City of Marco Island
 Community Affairs Department
 50 Bald Eagle Drive
 Marco Island, FL 34145
 Phone: 239-389-5000 or FAX: 239-393-0266

PF-27

PROJECT NAME CHANGE

Petition number: **PNC-**_____ Date Received: _____ Project No: _____

Planner: _____

ABOVE TO BE COMPLETED BY STAFF

Property Owner(s): _____

Owner's Address: _____ City: _____ State: ___ ZIP: _____

Telephone: _____ Fax: _____ Cell: _____

Email: _____

Agent's Name: _____ Firm: _____

Agent's Address: _____ City: _____ State: ___ ZIP: _____

Telephone: _____ Fax: _____ Cell: _____

Email: _____

Request Detail

Current Project Name: _____

Proposed Project Name: _____

Current Street Name: _____

Proposed Street Name: _____

Section: _____ Township: _____ Range: _____

Subdivision: _____ Lot(s): _____ Block: _____

Total Number of Property Owners Affected: _____

AFFIDAVIT

We/I, _____ being first duly sworn, depose and say that we/I am/are the owners of the property described herein and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, including the disclosure of interest information, all sketches, data, and other supplementary matter attached to and made a part of this application, are honest and true to the best of our knowledge and belief. We/I understand that the information requested on this application must be complete and accurate and that the content of this form, whether computer generated or City printed shall not be altered. Public hearings will not be advertised until this application is deemed complete, and all required information has been submitted. We/I hereby also consent to access to the subject property (excluding entering any home or other enclosed structure) by City of Marco Island staff members, Planning Board members, and/or Board or Zoning Appeals members for the limited purpose of evaluating, observing, or understanding the subject property conditions as they relate to the petition. While the petition is pending, Staff members, Planning Board members, or Board of Zoning Appeals members will be allowed access upon the property provided they display a Marco Island City Photo ID or a Valid Driver's License.

As property owner we/I further authorize _____ to act as our/my representative in any matters regarding this Petition.

Signature of Property Owner

Signature of Property Owner

Printed Name of Property Owner

Printed Name of Property Owner

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification.

State of Florida
County of _____

Signature, Notary Public – State of Florida

(Seal)

Printed, Typed, or Stamped Name of Notary

PROJECT NAME CHANGE PETITION

APPLICATION SUBMITTAL CHECKLIST

This completed checklist is to be submitted with application packet

