



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-19

**PUD MINOR CHANGE PETITION**

Petition number: **PUD-A-**\_\_\_\_\_ Date Received: \_\_\_\_\_

Planner: \_\_\_\_\_

**ABOVE TO BE COMPLETED BY STAFF**

Applicant(s): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is the applicant the owner of the subject property? Yes \_\_\_\_\_ No \_\_\_\_\_

- \_\_\_\_\_ (a) If applicant is a land trust, so indicate and name beneficiaries below.
- \_\_\_\_\_ (b) If applicant is corporation other than a public corporation, so indicate and name officers and major stockholders below.
- \_\_\_\_\_ (c) If applicant is a partnership, limited partnership or other business entity, so indicate and name principals below.
- \_\_\_\_\_ (d) If applicant is an owner, indicate exactly as recorded, and list all other owners, if any.
- \_\_\_\_\_ (e) If applicant is a lessee, attach copy of lease, and indicate actual owners if not indicated on the lease.
- \_\_\_\_\_ (f) If applicant is a contract purchaser, attach copy of contract, and indicate actual owner(s) name and address below.

\_\_\_\_\_  
 \_\_\_\_\_

(If space is inadequate, attach on separate page.)

PUD Ordinance name and number: \_\_\_\_\_

Description of proposed amendment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the proposed amendment(s) comply with the Comprehensive Plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has a public hearing been held on this property within the last year?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what name? \_\_\_\_\_

Has any portion of the PUD been sold \_\_\_\_\_ and/or developed? \_\_\_\_\_

Are any changes proposed for the area sold and/or developed?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe (attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PUD INSUBSTANTIAL CHANGE  
APPLICATION SUBMITTAL CHECKLIST**

*This completed checklist is to be submitted with application packet.  
Provide 14 copies of any documentation that is in color or that is larger than 11X17.*

- \_\_\_\_\_ Completed application
- \_\_\_\_\_ Completed Owner/Agent affidavit, signed and notarized
- \_\_\_\_\_ Legal (if PUD Recorded) or Graphic Description Of Area Of Amendment (this may be graphically illustrated on Amended PUD Master Plan). If portion of PUD, provide legal for subject portion.
- \_\_\_\_\_ Current PUD Document and Master Plan
- \_\_\_\_\_ Amended PUD Master Plan
- \_\_\_\_\_ Reduced 8½ x 11 Graphic location map of subject property
- \_\_\_\_\_ Application fee (checks should be made payable to “City of Marco Island”) in the amount of \$ 500.00

**PUBLIC NOTICE REQUIREMENT:** In addition to the fees required herein, all costs of newspaper notices and required notices for public petitions shall be paid in full prior to a scheduled public hearing. If such payment is not received prior to a scheduled public hearing, the petition will be continued and rescheduled. Any additional cost associated with a rescheduled item shall also be paid in full prior to the public hearing. Advertising for public hearings shall be prepared by staff and submitted to the newspapers as required in the Marco Island Land Development Code (LDC). If an application is filed for which a fee is not listed herein, staff shall assess the fee based upon actual time spent reviewing the petition.  
**Marco Island Code of Ordinances Section 30-8(a). Amended 10/17/2005**

As the authorized agent/applicant for this petition, I attest that all of the information indicated on this checklist is included in this submittal package. I understand that failure to include all necessary submittal information may result in the delay of processing this petition.

\_\_\_\_\_  
Signature of Petitioner or Agent

\_\_\_\_\_  
Date

**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