

2800 NORTH HORSESHOE DRIVE NAPLES, FLORIDA 34104 (239) 252-2400 FAX (239) 252-6358 www.colliergov.net

NOTICE OF EXTENSION OF DEV	ELOPMENT ORDER/RE	QUEST FOR EXTENSION	
☐ SDP/SDPA/SIP ☐ PPL/PPLA/CNST ☐	EWA PU BUILDING PERMIT RIG	OW) CAVATION D EXTENSION GHT-OF-WAY PERMIT NO	
PROJECT NO./PETITION NO./BUILDING PERMIT NO.,	/POW PERMIT NO .		
PROJECT/PUD NAME/ORDINANCE NO:			_
DATE PROCESSED: (FOR ST.			
APPLI	CANT INFORMATION		
NAME OF APPLICANT(S):			
ADDRESS:	CITY	STATE ZIP	
TELEPHONE: () EXT.:	CELL: ()	FAX: ()	
E-MAIL ADDRESS:			
	NER INFORMATION		
	NER INFORMATION		
OWN	NER INFORMATION  FIRM:		
Name of OWNER:	FIRM:CITY	STATE ZIP	
Name of OWNER: ADDRESS:	FIRM: CITY CELL: ()	STATE ZIP FAX: ()	
Name of OWNER:	FIRM: CITY CELL: ()	STATE ZIP FAX: ()	
Name of OWNER:  ADDRESS:  TELEPHONE: () EXT.:  E-MAIL ADDRESS:  AGE	FIRM: CITY CELL: ()	STATE ZIP FAX: ()	
Name of OWNER:  ADDRESS:  TELEPHONE: () EXT.:  E-MAIL ADDRESS:  AGE  Name of AGENT(S):	FIRM: CITY  ENT INFORMATION  FIRM: CITY	STATEZIP	
Name of OWNER:  ADDRESS:  TELEPHONE: () EXT.:  E-MAIL ADDRESS:  AGE	FIRM: CITY FIRM: CITY FIRM: CELL: () FIRM: CITY CITY  FIRM: CITY	STATE ZIP	
Name of OWNER:  ADDRESS:  TELEPHONE: ()EXT.:  E-MAIL ADDRESS:  Name of AGENT(S):  ADDRESS:	FIRM: CITY  ENT INFORMATION  FIRM: CITY  ENT INFORMATION  FIRM: CITY CITY	STATE ZIP	

Fees: (Please see fee list on page 8 of this application)

If you have questions, please contact Ray Bellows, Manager Planning at (239) 252-2463 or <a href="mailto:raybellows@colliergov.net">raybellows@colliergov.net</a>.

Submit application to the attention of:

Growth Management Department/ Planning and Regulation

Attn: Business Center Manager 2800 North Horseshoe Drive Naples, Florida 34104



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PROJECT INFORMATION	
PROJECT NAME: ORIGINAL PROJECT NUMBER:	
SITE ADDRESS	
SECTION/TOWNSHIP/RANGE:// PROPERTY I.D. #(list all property ID's associated to this project; use a separate sheet if necessary)	
DATE OF EXPIRATION: /	
PUD EXTENSION REQUEST DETAIL	
What is the current PUD sunset date?	
Has this PUD received any previous extension(s)?  YES NO  If YES, please indicate the date of approval(s) and submit a copy of the Board Commissioners' approval  Please provide the following items:	·
<ol> <li>A written chronology of the original zoning approvals and amendment approvals, including names and numbers and ordinance or resolution numbers.</li> <li>A list of any development approval and any site development improvements providing the</li> </ol>	
<ul> <li>as requested in #1 above.</li> <li>3. Copies of any interpretations or zoning letters that have been issued for any portion of the P property or indicate that no such action have occurred.</li> </ul>	'UD subject
DRI EXTENSION REQUEST DETAIL	
What is the current DRI buildout/expiration date?	
Has this DRI received any previous extension(s)? YES NO  If YES, please indicate the date of approval(s) and submit a copy of the Board Commissioners' approval	I of County
Please provide the following items:	
4. A written chronology of the original zoning approvals and amendment approvals, including names and numbers and ordinance or resolution numbers.	, project
<ol><li>A list of any development approval and any site development improvements providing the as requested in #1 above.</li></ol>	
6. Copies of any interpretations or zoning letters that have been issued for any portion of the D	RI subject

property or indicate that no such action have occurred.



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## **CONDITIONAL USE REQUEST DETAIL**

Type of Conditional Use:		
This application is requesting a condit for	ional use extension allowed per Senate Bill 2156 of the (type of use).	zoning district
Please provide the following items:		

- - 1. A written chronology of the original zoning approvals and amendment approvals, including project names and numbers and ordinance or resolution numbers.
  - 2. A list of any development approval and any site development improvements providing the same detail as requested in #1 above.
  - 3. Copies of any interpretations or zoning letters that have been issued for any portion of the PUD subject property or indicate that no such action have occurred.



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## **SUBMITTAL REQUIREMENTS**

#### NOTE: INCOMPLETE SUBMITTALS WILL NOT BE ACCEPTED.

REQUIREMENTS	NUMBER OF COPIES
Application, completed	2
Warrantee Deed or Notarized statement of ownership and/or control	2
Signed and Notarized Owner Affidavit, authorizing agent to act as representative (form attached)	2
Addendum providing resolution, ordinance, and development order numbers along with project names and numbers	2
Copy of Notice of Intent Letter	2
Electronic copy of all documents in Word format and plans (CD ROM)	1
Fee: (Check payable to Board of County Commissioners or BCC)	
DRI = \$100 ALL OTHER TYPES OF LAND USE/ZONING/RIGHT OF WAY PERMIT= \$150	

After initial review of the request, staff will determine what if any additional information may be required to substantiate the request. The applicant's agent will be notified. You will receive written approval of the extension request from the County within approximately thirty (30) days of the County's sufficiency determination of this application provided the request meets the requirements.



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# **BUILDING PERMITS REQUEST DETAILS**

For information on building permit extensions, please call (239) 252-2400.  AR # Permit #
Contractor
Phone # Address:
Owners name:
Job Address:
Permit Description:
Permit Expiration Date: Last Approved Inspection:
Has Work Commenced yet? Yes No
Reason For Extension Request:
Estimate time of extension:(not to exceed 2 years)
(Print name of qualifier) (Signature of qualifier)
State of Florida
County of
Sworn to and subscribed before me this day of 20 by:
( ) Personally Known ( ) Produced identification- Type of Identification:
(seal) Signature of Notary Public
Extension Granted Extension Denied
Reason for Denial

Fee: (Check payable to Board of County Commissioners or BCC) — Please refer to the current adopted Fee Resolution for additional information.



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## **RIGHT-OF-WAY PERMITS REQUEST DETAILS**

For information on right-of-way permit extensions, please call (239) 252-2400.

Contractor Address: Owners Name: Job Address: Job Address: Last Approved Inspection: Last Approved Inspection: Last Approved Inspection: (if the work being performed is determined to be a health, safety and welfare issue to the public, an extension will not be granted).  Reason For Extension Request: (not to exceed 2 years)  Estimate time of extension: (not to exceed 2 years)  (Print name of qualifier) (Signature of qualifier)  State of Florida  County of Sworn to and subscribed before me this day of 20 by: () Personally Known () Produced identification- Type of Identification: (seal)  Signature of Notary Public  Extension Granted Extension Denied Reason for Denial	Right-of-Way Permit #	
Owners Name:  Job Address:  Permit Description:  Permit Expiration Date:  Last Approved Inspection:  Has Work Commenced yet? Yes	Contractor	
Job Address:  Permit Description:  Permit Expiration Date:  Last Approved Inspection:  Has Work Commenced yet? Yes No (if the work being performed is determined to be a health, safety and welfare issue to the public, an extension will not be granted).  Reason For Extension Request:  Estimate time of extension:  (not to exceed 2 years)  (Print name of qualifier)  State of Florida  County of  Sworn to and subscribed before me this day of 20 by:  () Personally Known () Produced identification- Type of Identification:  (seal)  Signature of Notary Public  Extension Granted Extension Denied	Phone #:	Address:
Permit Description:	Owners Name:	
Permit Expiration Date: Last Approved Inspection: Has Work Commenced yet? Yes No (if the work being performed is determined to be a health, safety and welfare issue to the public, an extension will not be granted).  Reason For Extension Request: (not to exceed 2 years)  Estimate time of extension: (signature of qualifier)  State of Florida  County of Sworn to and subscribed before me this day of 20 by: (seal)  Signature of Notary Public  Extension Granted Extension Denied	Job Address:	
Has Work Commenced yet? Yes No (if the work being performed is determined to be a health, safety and welfare issue to the public, an extension will not be granted).  Reason For Extension Request:	Permit Description:	
determined to be a health, safety and welfare issue to the public, an extension will not be granted).  Reason For Extension Request:	Permit Expiration Date:	Last Approved Inspection:
Estimate time of extension: (not to exceed 2 years)  (Print name of qualifier) (Signature of qualifier)  State of Florida  County of  Sworn to and subscribed before me this day of 20 by:  () Personally Known () Produced identification- Type of Identification:  (seal)  Signature of Notary Public  Extension Granted Extension Denied		
Estimate time of extension: (not to exceed 2 years)  (Print name of qualifier) (Signature of qualifier)  State of Florida  County of  Sworn to and subscribed before me this day of 20 by:  () Personally Known () Produced identification- Type of Identification:  (seal)  Signature of Notary Public  Extension Granted Extension Denied	-	
State of Florida  County of  Sworn to and subscribed before me this day of 20 by:  () Personally Known () Produced identification- Type of Identification:  (seal)  Signature of Notary Public  Extension Granted Extension Denied		
County of  Sworn to and subscribed before me this day of 20 by:   () Personally Known () Produced identification- Type of Identification:  (seal)  Signature of Notary Public  Extension Granted Extension Denied	(Print name of qualifier)	(Signature of qualifier)
Sworn to and subscribed before me this day of 20 by:	State of Florida	
( ) Personally Known ( ) Produced identification- Type of Identification:	County of	<u> </u>
(seal) Signature of Notary Public Extension Granted Extension Denied	Sworn to and subscribed before	re me this day of 20 by:
Signature of Notary Public  Extension Granted Extension Denied	() Personally Known () Pro	oduced identification- Type of Identification:
Extension Granted Extension Denied		(seal)
	Signature of Notary Pu	ablic
		Extension Denied



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## **AFFIDAVIT**

We/I,	being first duly sworn, depose and s	say that we/l
extension; that all the answers to information, all sketches, data, and application, are honest and true to	ty described herein and which is the subject matter of the questions in this application, including the discloss d other supplementary matter attached to and made to the best of our knowledge and belief. We/I under totation must be complete and accurate and that the conte	ure of interest a part of this estand that the
whether computer generated or Cou	unty printed shall not be altered. The request for an exterocessed until this application is deemed complete, and	ension pursuant
As property owner We/I further aut	thorize to ac	t as our/my
representative in any matters regard	ding this Petition.	
Signature of Property Owner	Signature of Property Owner	
Typed or Printed Name of Owner	Typed or Printed Name of Owner	
	wledged before me this day of	, 20, by
	is personally known to me or has produced entification.	
State of Florida County of Collier	(Signature of Notary Public – State of Florida)	
	(Print, Type, or Stamp Commissioned Name of Notary Public)	



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#### SDP/SDPA/SIP

#### Land Development Code Section 10.02.03 B.4.b.i.

A onetime, 1-year extension of the 3-year limit of the approved SDP or the approved SDP amendment may be granted. Application for an extension must be made to the Planning Manager with the appropriate processing/administrative fee.

## PPL/PPLA/CNST

## Land Development Code Section 10.02.04 B.3.b.

Improvements to the final subdivision plat shall be completed within 18 months from the date of approval. The developer may request a one-time 1-year extension for completion and acceptance of the required improvements.

#### Land Development Code Section 10.02.05 B.11

**Expiration.** If improvements are not completed within the prescribed time period as specified in section 10.02.04 B.3.b and a subdivision performance security has been submitted, the engineering review director may recommend to the board that it draw upon the subdivision performance security or otherwise cause the subdivision performance security to be used to complete the construction, repair, and maintenance of the required improvements. All of the required improvements shall receive final acceptance by the Board of County Commissioners within 36 months from the date of the original board approval. The developer may request one-year extensions for completion and acceptance of the required improvements. Each request should provide written justification for the extension. Additional extensions may be granted at the discretion of the County Manager or designee.

#### **EWA**

#### Land Development Code Section 10.01.02 B.2.j.

Early Work Authorization approval is good for 60 days with the possibility of 2 ea. 30-day extensions dependent on the reason for the inability to gain proper approvals.

#### EX

## Collier County Ordinance No. 04-55, Subsection 2-E, Sec. 22-110(f)(1)

Upon receipt of a written request with sufficient justification, a one-time only extension of the permit issuance time may be granted for an additional 60 days.



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## **FEE REQUIREMENTS**

#### NOTE: PLEASE MAKE CHECK PAYABLE TO BOARD OF COUNTY COMMISSIONERS. THANK YOU.

FEE REQUIREMENTS IF SENATE BILL 2156 IS APPLICABLE			FEE AMOUNT
Development of Regiona	Il Impact Extension (DRI)		\$100.00
SDP/SDPA/SIP EWA PUD EXTENSION	PPL/PPLA/CNST RIGHT-OF-WAY PERMIT	CONDITIONAL USE EXCAVATION	\$150.00

FEE REQUIREMENTS FOR REGULAR EXTENSIONS	FEE AMOUNT
Building Permit Extension	10% of the original building fee or \$100.00, whichever is greater, but shall not exceed \$500.00
Conditional Use Extension	\$3,000.00
Excavation Permit (Time Extension)	\$150.00 plus \$200.00 per month inspection fee
Planned Unit Development (PUD) Extension – Sun Setting	\$1,000.00
Site Development Plan (SDP) Extension	\$150.00
Subdivision Final Plat (FP) – Two year extension	\$150.00
Temporary Use Permits Extension – Requested after the expiration date	\$200.00