

2800 NORTH HORSESHOE DRIVE NAPLES, FLORIDA 34104 (239) 252-2400 FAX: (239) 252-6358

# STEWARDSHIP RECEIVING AREA AMENDMENT (SRAA) APPLICATION

LDC subsection 4.08.07 F.

PROJECT NUMBER PROJECT NAME DATE PROCESSED

To be completed by staff

SRA Administrative Minor Change

SRA Amendment within a DRI, CCPC and BCC Public Hearing Process

SRA Amendment (no DRI established), Office of the Hearing Examiner Public Hearing Process

Original SRA AR/PL Number: \_\_\_\_\_

## **APPLICANT CONTACT INFORMATION**

| Name of Applicant(s): |       |        |      |
|-----------------------|-------|--------|------|
| Address:              | City: | State: | ZIP: |
| Telephone:            | Cell: | Fax:   |      |
| E-Mail Address:       |       |        |      |
| Name of Agent:        |       |        |      |
| Firm:                 |       |        |      |
| Address:              |       |        |      |
| Telephone:            | Cell: | Fax:   |      |
| E-Mail Address:       |       |        |      |
| Name of Owner:        |       |        |      |
| Address:              | City: | State: | ZIP: |
| Telephone:            | Cell: | Fax:   |      |
| E-Mail Address:       |       |        |      |



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## **PROJECT LOCATION INFORMATION**

Project Name: \_\_\_\_\_\_

General Location and Cross Streets: \_\_\_\_\_

Section/Township/Range: \_\_\_\_/\_\_\_Zoning: \_\_\_\_\_Zoning: \_\_\_\_\_

Total Area of Project: \_\_\_\_\_acres

# ADJACENT ZONING/LAND USE

|   | Zoning | Land Use |
|---|--------|----------|
| N |        |          |
| S |        |          |
| E |        |          |
| W |        |          |

## LIST OF CONSULTANTS

| Name:    |       | Phone: |        |      |
|----------|-------|--------|--------|------|
| Address: | City: |        |        | ZIP: |
| Name:    |       | Phone: |        |      |
| Address: |       |        | State: | ZIP: |
| Name:    |       | Phone: |        |      |
| Address: | City: |        |        |      |
| Name:    |       | Phone: |        |      |
| Address: |       |        |        |      |
| Name:    |       | Phone: |        |      |
| Address: |       |        |        | ZIP: |



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#### **DISCLOSURE OF INTEREST INFORMATON**

Please complete the following information, if space is inadequate use additional sheets and attach to the completed application packet.

a. If the property is owned fee simple by an <u>INDIVIDUAL</u>, tenancy by the entirety, tenancy in common, or joint tenancy, list all parties with an ownership interest as well as the percentage of such interest:

| Name and Address | % of Ownership |
|------------------|----------------|
|                  |                |
|                  |                |
|                  |                |
|                  |                |
|                  |                |

b. If the property is owned by a <u>CORPORATION</u>, list the officers and stockholders and the percentage of stock owned by each:

| Name and Address | % of Ownership |
|------------------|----------------|
|                  |                |
|                  |                |
|                  |                |
|                  |                |
|                  |                |

c. If the property is in the name of a <u>TRUSTEE</u>, list the beneficiaries of the trust with the percentage of interest:

| % of Ownership |
|----------------|
|                |
|                |
|                |
|                |
|                |
|                |

d. If the property is in the name of a <u>GENERAL</u> or <u>LIMITED PARTNERSHIP</u>, list the name of the general and/or limited partners:

| Name and Address | % of Ownership |
|------------------|----------------|
|                  |                |
|                  |                |



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e. If there is a <u>CONTRACT FOR PURCHASE</u>, with an individual or individuals, a Corporation, Trustee, or a Partnership, list the names of the contract purchasers below, including the officers, stockholders, beneficiaries, or partners:

| % of Ownership |
|----------------|
|                |
|                |
|                |
|                |
|                |
|                |

# Date of Contract:

f. If any contingency clause or contract terms involve additional parties, list all individuals or officers, if a corporation, partnership, or trust:

| Name and Address |  |  |
|------------------|--|--|
|                  |  |  |
|                  |  |  |
|                  |  |  |
|                  |  |  |
|                  |  |  |
|                  |  |  |

g. Date subject property acquired \_\_\_\_\_

Leased: Term of lease \_\_\_\_\_ years /months

If, Petitioner has option to buy, indicate the following:

| Date of option: |  |
|-----------------|--|
|                 |  |

Date option terminates: \_\_\_\_\_, or

| Anticipated closing date: |  |
|---------------------------|--|
|---------------------------|--|

h. Should any changes of ownership or changes in contracts for purchase occur subsequent to the date of application, but prior to the date of the final public hearing, it is the responsibility of the applicant, or agent on his behalf, to submit a supplemental disclosure of interest form.



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#### SUBMITTAL REQUIREMENTS

The following items are to be submitted for an SRA Amendment or an Insubstantial Change, including Minor Text Changes:

- Completed Application (download current form from county website): 13 Copies
- Electronic documents: **<u>1 Copy</u>**

## ADDITIONAL REQUIREMENTS FOR THE PUBLIC HEARING PROCESS:

- Following the completion of the review process by County review staff, the applicant shall submit all materials electronically to the designated project manager.
- For applications to be heard by the Hearing Examiner: 7 Copies
- For applications to be heard by the CCPC and BCC: <u>Please contact the project manager</u> to confirm the number of additional copies required

# FEE REQUIREMENTS

Application Fee: \$7,000.00, plus \$25.00 per acre. \* SRA amendments deemed to be minor in nature, that is requiring minor strike thru and underline text amendments of no more than 10 different lines of text changes in the SRA will be capped at \$10,000.00.

All checks payable to: Board of County Commissioners

The completed application, all required submittal materials, and fees shall be submitted to: Growth Management Division/Planning and Regulation ATTN: Business Center 2800 North Horseshoe Drive Naples, FL 34104

Applicant is responsible for provided finalized copies as required for public hearing. I hereby submit and certify the application to be complete and accurate.

Signature of Agent

Date



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# 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 County printed shall not be altered. Public hearings will not be advertised until this application is deemed complete, and all required information has been submitted.

| 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

Typed or Printed Name of Owner

*Typed or Printed Name of 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 Collier (Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)