

**APPLICATION FOR EASEMENT USE AGREEMENT**

**APPLICANT CONTACT INFORMATION**

Name of Owner: \_\_\_\_\_

Name of Applicant if different than owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

**PROPERTY INFORMATION**

Address of Subject Property: \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Legal Description: \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Tract \_\_\_\_\_

Section/Township/Range: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Zoning: \_\_\_\_\_

Note:

- 1) If applicant is a land trust, indicate the name of beneficiaries.
- 2) If applicant is a corporation other than a public corporation, indicate the name of the officers and major stockholders.
- 3) If applicant is a partnership, limited partnership or other business entity, indicate the name of the principals.
- 4) List all other owners.

**ELECTRONIC SUBMITTAL REQUIREMENT CHECKLIST**

This completed checklist is to be submitted with the application packet. **Incomplete submittals will not be accepted.**

REQUIREMENTS FOR REVIEW:	ELECTRONIC DOCUMENT	REQUIRED	NOT REQUIRED
Completed Application (download current form from the County website)	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Addressing Checklist signed by Addressing Department	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Complete application and all submittal documents in PDF format	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fee Simple Deed	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Statement explaining the reason for the Easement Use Agreement	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Property Ownership Disclosure Form (See Attached)	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**ELECTRONIC SUBMITTAL REQUIREMENT CHECKLIST CON'T**

<b>REQUIREMENTS FOR REVIEW:</b>	<b>ELECTRONIC DOCUMENT</b>	<b>REQUIRED</b>	<b>NOT REQUIRED</b>
Boundary Survey, signed with raised seal, showing existing conditions and encroachment on 8 ½ in. X 11 in. paper and labeled (in bold: " <b>Exhibit A</b> ")	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of the recorded subdivision plat	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affidavit of Authorization, signed and sealed, if the applicant isn't the owner	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A copy of document that granted, conveyed or dedicated the easement to the County or public	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Upon approval of application, signed with raised seal, two copies of Exhibit "A" will need to be submitted for Board approval and recording.	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Letters of No Objection from each of the following, as applicable:</b>			
<b><u>Electric Company / Florida Power and Light Naples Service Center</u></b> 1220 5 <sup>th</sup> Ave North Naples, FL 34102 Phone: 239-262-1322	1	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Century Link/Lumen</u></b> ATTN: Kenneth Stinnett      Email: <a href="mailto:Kenneth.stinnett@lumen.com">Kenneth.stinnett@lumen.com</a> ATTN: Sherlene Clevenger      Email: <a href="mailto:Sherlene.clevenger@lumen.com">Sherlene.clevenger@lumen.com</a> 3530 Kraft Road, Naples, FL 34105      Phone: 239-920-5935	1	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Collier County Sherriff's Office / Legal Department</u></b> ATTN: Michael Hedberg 3319 E Tamiami Trail, Naples, FL 34112      Phone: 239-252-0660	1	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Greater Naples Fire and Life Safety</u></b> ATTN: Shawn Hanson, Deputy Chief 2700 N Horseshoe Drive, Naples, FL 34104      Phone: 239-774-2800	1	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>North Collier Fire Control and Rescue District</u></b> ATTN: Fire Prevention Bureau and Support Services 6495 Taylor Road, Naples, FL 34109      Phone: 239-597-9227	1	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Comcast / Xfinity</u></b> ATTN: Xavier Medina      Email: <a href="mailto:Xavier.Medina@comcast.com">Xavier.Medina@comcast.com</a> 12600 Westlinks Drive, Ste 4 Fort Myers, FL 33913      Phone: Must email	1	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Capital Projects Planning, Impact Fees &amp; Program Management Division</u></b> ATTN: Richard Miller, Project Manager, Principal (Licensed) 2685 South Horseshoe Drive, Suite 103 Naples, FL 34104      Email: <a href="mailto:Richard.Miller@colliercountyfl.gov">Richard.Miller@colliercountyfl.gov</a>	1	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Homeowners Association</u></b>	1	<input type="checkbox"/>	<input type="checkbox"/>

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**FEES**

- **Application Fee:** \$2,000.00
- **Recording Fee:** You will be contacted of exact amount prior to BCC meeting.

**LINKS**

Online Payment Guide can be located: [Here](#)

Completed application may be submitted online [GMD Public Portal](#)

If unfamiliar to applying on portal or have questions, please look over our [E-Permitting Guide](#)

\_\_\_\_\_  
Applicant/Agent Signature

\_\_\_\_\_  
Date

**AFFIDAVIT OF AUTHORIZATION**

**FOR PETITION NUMBERS(S)** \_\_\_\_\_

I, \_\_\_\_\_ (print name), as \_\_\_\_\_ (title, if applicable) of \_\_\_\_\_ (company, if applicable), swear or affirm under oath, that I am the (choose one) \_\_\_ owner \_\_\_ applicant \_\_\_ contract purchaser and that:

1. I have full authority to secure the approval(s) requested and to impose covenants and restrictions on the referenced property as a result of any action approved by the County in accordance with this application and the Land Development Code;
2. All answers to the questions in this application and any sketches, data or other supplementary matter attached hereto and made a part of this application are honest and true;
3. I have authorized the staff of Collier County to enter upon the property during normal working hours for the purpose of investigating and evaluating the request made through this application; and that
4. The property will be transferred, conveyed, sold or subdivided subject to the conditions and restrictions imposed by the approved action.
5. We/I authorize \_\_\_\_\_ to act as our/my representative in any matters regarding this petition including 1 through 2 above.

**\*Notes:**

- If the applicant is a corporation, then it is usually executed by the corp. pres. or v. pres.
- If the applicant is a Limited Liability Company (L.L.C.) or Limited Company (L.C.), then the documents should typically be signed by the Company's "Managing Member."
- If the applicant is a partnership, then typically a partner can sign on behalf of the partnership.
- If the applicant is a limited partnership, then the general partner must sign and be identified as the "general partner" of the named partnership.
- If the applicant is a trust, then they must include the trustee's name and the words "as trustee."
- In each instance, first determine the applicant's status, e.g., individual, corporate, trust, partnership, and then use the appropriate format for that ownership.

**Under penalties of perjury, I declare that I have read the foregoing Affidavit of Authorization and that the facts stated in it are true.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

THE FOREGOING PERFORMANCE BOND WAS ACKNOWLEDGED BEFORE ME BY MEANS OF  PHYSICAL PRESENCE OR  ONLINE NOTARIZATION THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_, BY (NAME OF ACKNOWLEDGER) AS (TITLE) OF (NAME OF COMPANY) WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED \_\_\_\_\_ AS IDENTIFICATION.

Notary Public – State of \_\_\_\_\_

**(Notary Seal)**

\_\_\_\_\_  
Printed Name