

APPLICATION FOR DEVELOPMENT OF REGIONAL IMPACT

Application Requirements

- **Completeness Review:** Supply one unbound copy of the application (see checklist below). The application will be reviewed for completeness within five days of submittal. If deemed incomplete, the applicant will be informed of what information is needed by email and phone. The application will not be reviewed further until the information is supplied. <u>Do not submit the additional copies</u>, described below, to the Department until you are informed by staff that the application is complete.
- Additional copies subsequent to *Completeness Review*: the applicant is required to supply 6 hardcopy sets of all documents, 1 digital set in PDF format of all documents, 1 copy of the proposed resolution in Word format, 1 set of the boundary survey and proposed Map H in AutoCAD format. If no changes were required to obtain completeness, then the original submittal will count as 1 of the 6 hardcopy sets.

Checklist

- □ State DRI application and all maps and other documentation associated with that application form
- □ Survey and accurate legal description (including acreage), **signed and sealed** by a registered land surveyor, tied to the state plane coordinate system.
- □ Most current *Title Insurance Policy* or an *Ownership and Encumbrance Report* for subject property
- □ Affidavit, signed and notarized, stating the truth, accuracy and completeness of the application and all attachments
- □ Property owner authorization to applicant to submit petition, Form A, as applicable
- □ Applicant authorization to agent to submit petition, Form B, as applicable
- □ A copy of any covenants, easements or restrictions that have been recorded for the subject site
- □ If any portion of the property is in the Coastal High Hazard Area, a map outlining this area according to Storm Surge zones and an indication of the base residential density within each zone, as applicable.
- □ Filing fee (**\$22,000.00**), with check made payable to the Charlotte County Board of County Commissioners or CCBCC

Scheduling for Public Hearing

The County recognizes that the DRI hearing date in front of the Planning and Zoning Board and the Board of County Commissioners is contingent on many activities outside the control of the County. These include Sufficiency Review periods, the hearing schedule of the Southwest Florida Regional Planning Council Board, the will of the applicant to continue addressing issues brought up by reviewing agencies, and the desire of the applicant to initiate the 60 day notice period for public hearing. However, *it is the applicant's responsibility* for promptly providing any information that needs to be updated, modified, or newly submitted as part of the application; this includes providing a copy of the decision and recommendations from the Southwest Florida Regional Planning Council (SWFRPC) and any changes made due to that decision. No additional changes may be made to any information in an application subsequent to one week before the hearing packet is due to be compiled for the Planning and Zoning Board members or the NOVUS item deadline for the Board of County Commissioners. The planner in charge of the DRI will be able to inform the applicant of the final date.

• If Department staff is unable to review the information provided and receive input from other departments, as needed, because sufficient time for review was not provided by the applicant, staff may be forced to recommend denial of the project. The applicant is encouraged to contact staff when submitting new information or subsequent to submitting new information so that an estimate of the staff time needed to review the information can be discussed.



CHARLOTTE COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

APPLICATION for DEVELOPMENT OF REGIONAL IMPACT (DRI)

Date Received:	Time Received:
Date of Log-in:	Petition #: Accela #:
Receipt #:	Amount Paid:

A. Indicate whether this is a new DRI or a Substantial Deviation:

____ New DRI

Name of Project:_____

____ Substantial Deviation

Name of existing DRI?_____ *Provide a complete copy of the existing DO, which includes any prior incremental changes.*

B. Indicate which of the following options is being applied for:

_____ Development Order _____ Master Development Order _____ Incremental Development Order

- C. Check appropriate line below submit a new application form with the submittal of information for each step of the DRI process.
- _____ DRI First Sufficiency
- _____ DRI Second Sufficiency

_____ Other (DRI Third Sufficiency, etc.) ______

_____ DRI Final

D. Parties involved in the Application

 Name of Applicant:

 Mailing Address:

 City:
 State:

 Zip Code:

 Phone Number:
 Fax Number:

 Email Address:

Name of Agent:

Mailing Address:			
City:	State:	Zip Code:	
Phone Number:		Fax Number:	
Email Address:			
Name of Engineer/Surveyor:			
Mailing Address:			
City:	State:	Zip Code:	
Phone Number:		Fax Number:	

Email Address:

Name of Property Owner (if more than one property owner, attach a separate sheet with a list of all owners):

Mailing Address:			
City:	State:	Zip Code:	
Phone Number:		Fax Number:	
Email Address:			

E. ASSOCIATED APPLICATION(S):

Please indicate if you intend to separately submit any of the following associated applications:

_____ Future Land Use Map (FLUM) Amendment

_____ Rezoning

Provide a summary of the proposed changes:

F. PROPERTY INFORMATION:

Attach a separate list that includes the following information for each parcel or lot included within the DRI, grouped by account number

Property Account Number:

Section:	Township:	Range:	
Parcel/Lot #:	Block #:	Subdivision:	
Total acreage or square feet of the property:			

G. CURRENT LAND USE OF SUBJECT PROPERTY: (example: house, vacant land, barn, etc.)

H. SURROUNDING LAND USES:

North:

South:

East:

West:

AFFIDAVIT

I, the undersigned, being first duly sworn, depose and say that I am the owner or agent of the property described and which is the subject matter of the proposed hearing; that all answers to the questions in this application, and all sketches, data and other supplementary matter attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the hearing can be advertised, and that if I am not the owner of the property I have attached a notarized authorization from the owner(s) to submit this application. For any changes of ownership or changes in contracts for purchase subsequent to the date of the application, but prior to the date of final public hearing, a supplemental disclosure of interest shall be filed. I acknowledge that all items listed in the application must be submitted concurrent at the time the County accepts the application. I swear that the attached list of adjacent property owners is complete, including all property owners within 200 feet of the subject properties (excluding right-of-ways), that it is correct, providing addresses as listed in the County Tax Roll.

STATE OF _____, COUNTY OF _____

The foregoing instrument was acknowledged before me, by means of \Box physical presence or \Box online notarization, this _____ day of _____ 20___, by _____ who is personally known to me or who has produced ______ as identification and who <u>did</u> or <u>did not</u> take an oath.

Notary Public Signature	Signature of Applicant or Agent
Notary Printed Signature	Printed Signature of Applicant or Agent
Title	Address
Commission Code	City, State, Zip
	Telephone Number

FORM A. PROPERTY OWNER AUTHORIZATION TO APPLICANT

I, the undersigned, being first duly sworn, depose and say that I am the owner of the property described and which is the subject matter of the proposed hearing. I give authorization for ______ to be the applicant for this DEVELOPMENT ORDER.

STATE OF _____, COUNTY OF _____

The foregoing instru	iment was ackno	wledged befor	e me, by	y means of \Box physical presence or \Box online
notarization, this	day of	20	_, by	who is
personally known to	me or who has	produced		as identification and
who <u>did</u> or <u>did not</u>	take an oath.			

Notary Public Signature	Signature of Owner
Notary Printed Signature	Printed Signature of Owner
Title	Address
Commission Code	City, State, Zip
	Telephone Number

FORM B. APPLICANT AUTHORIZATION TO AGENT

I, the undersigned, being first duly sworn described and which is the subject matter of I give authorization for	f the proposed hearing.	
application.		
approvident		
STATE OF, COU	UNTY OF	
The foregoing instrument was acknowledge	ed before me, by means of \Box physica	l presence or \Box online
notarization, this day of	, by	who is
personally known to me or who has produc		
who <u>did</u> or <u>did not</u> take an oath.		
Notary Public Signature	Signature of Applicant	
Notary Printed Signature	Printed Signature of Applicant	
Title	Address	
Commission Code	City, State, Zip	
	Telephone Number	