



COMMUNITY DEVELOPMENT DEPARTMENT

PRELIMINARY PLAT APPLICATION INFORMATION

(Revised August 10, 2022)

Sufficiency Review

Supply a copy of the completed Application form plus Supporting Materials (see checklist below). Staff will have 5 working days from the application submittal date to review the application for completeness. If incomplete, the application will be returned with an explanation why the application was considered incomplete. The applicant may resubmit at any time, but the application will not be reviewed again until the next nearest application deadline.

If deemed complete, the application will be logged in and assigned to a P&Z and BCC hearing cycle and staff will commence review. The applicant is responsible for promptly providing any information that needs to be updated, modified, or newly submitted; otherwise, the placement of the application on a public hearing agenda will be delayed or a recommendation of denial may be necessary.

No additional changes may be made to any information in an application after one week before the hearing packet is due to be compiled for the Planning and Zoning Board members or the NOVUS Agenda item deadline for the Board of County Commissioners. The planner assigned to the petition will be able to inform the applicant of the due date.

Supporting Materials checklist

- Preliminary Plat application (original)
- Letter of authorization (original)
- Notice of any changes or conversion
- Special Warranty Deed
- 1 set of proposed subdivision plans sized 11" x 17" and 1 set sized 18" x 24".
- 1 set of the 11' x 17" Boundary survey including acreage and legal description of the property being subdivided
- Separate word document of sketch and description.
- Proof of all taxes paid
- A FLUCCS map, listed species survey, and heritage tree survey (less than one year old)
- Copy of Preliminary Site Plan approval letter.

- A check made payable to the Charlotte County Board of County Commissioners. The fee is \$1,830.00, with an additional \$12 per lot and all tracts created.
- A detailed narrative, including but not limited to the name of the plat and the type of development residential, multi family or commercial. Replats are to include the above, the date It was given BCC final plat approval the name of the original plat, what is the purpose of the replat, and changes in density or if the property is rezoned. Please provide this as a separate Word document.
- OneDrive link or USB of subdivision plans in PDF format and to include all supporting documents
- OneDrive link or USB of subdivision plans in .DWG Auto CAD or .DXF Universal CAD format

Public Hearing Information

TIME: 1:30 P.M. – Planning and Zoning Board
2:00 P.M. – Board of County Commissioners
PLACE: Charlotte County Administration Center, Building A, Room 119
18500 Murdock Circle, Port Charlotte, FL 33948
UNLESS OTHERWISE ADVERTISED IN THE LOCAL NEWSPAPER

The applicant will receive written notification of the hearing date. The applicant and/or an authorized representative/agent must be present at both the Planning and Zoning Board and the Board of County Commissioners Meetings.

Should you have any questions or need assistance, please contact the Charlotte County Community Development Department, 18400 Murdock Circle, Port Charlotte, FL 33948 or call 941-764-4954.



COMMUNITY DEVELOPMENT DEPARTMENT PRELIMINARY PLAT APPLICATION

Date Received:	Log-in Date:
Petition #:	
Receipt #:	Amount Paid:

1. Name of proposed subdivision: _____

2. Parties involved in the application:

A. Name of Applicant: _____

Mailing Address: _____

City:	State:	Zip Code:
Phone Number:		Fax Number:

Email Address: _____

B. Name of Agent: _____

Mailing Address: _____

City:	State:	Zip Code:
Phone Number:		Fax Number:

Email Address: _____

C. Owner of Record*: _____

Mailing Address: _____

City:	State:	Zip Code:
Phone Number:		Fax Number:

Email Address: _____

* The name and address of every person having a beneficial interest in this property, however small, in the form of a partnership, limited partnership, corporation, trust, or in any form of representative capacity whatsoever for others, shall be disclosed and a list attached to this application, with no exceptions.

D. Name of Surveyor:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Email Address:

E. Name of Engineer:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Email Address:

F. Name of Attorney:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Email Address:

3. Property Location

Section: _____ Township: _____ Range: _____

Property ID # _____

Commission District: _____

4. Total acreage: _____

5. Has the property ever been the subject of a public hearing?

_____ Yes _____ No

If yes,

Hearing Held by:

Date:

Petition #:

_____ Board of County Commissioners

_____ Planning and Zoning Board

_____ Board of Zoning Appeals

_____ Other (Describe) _____

ATTACH ALL DEPARTMENT COMMENTS AND DECISION LETTERS

6. Has an administrative interpretation ever been applied for or received for the subject property?

Yes No

If yes, Date: _____ Type: _____

PROVIDE A COPY OF THIS INTERPRETATION.

7. Has this property been platted before?

Yes No

If yes, in what name? _____

Date recorded: _____

Has the previous plat been vacated? Yes No

8. *Zoning designation(s): _____

***Future Land Use Map designation(s):** _____

*if more than one, provide acreage of each

Number of lots allowed: _____ Number of lots proposed: _____

Minimum lot size: _____ Minimum lot dimension: _____

Total density: _____ Number of tracts proposed: _____

9. Type of proposed development:

Single-family Mobile home Institutional

Multi-family Commercial

Industrial Mixed Use

10. Is any variance from the subdivision requirements anticipated or requested per the County Code?

Yes No

If yes, attach a description of the variance request.

11. Is this proposed plat part of a Development of Regional Impact (DRI)?

Yes No

If yes, name the DRI: _____

12. **Is the proposed subdivision located within a flood hazard zone as established by F.E.M.A.?**
_____Yes _____No

If yes, please specify: _____

13. **What is the proposed minimum elevation of road crown and of the lots?**

Road: _____ feet above sea level Lots: _____ feet above sea level

Existing elevation ranges from an average low of _____ to an average high of _____ feet above sea level.

Elevations based on: NGVD – 1929 NGVD – 1988

14. **What type of potable water and sanitary sewer facilities will service this plat?**

_____ Wells _____ Septic Tanks

_____ Central Water _____ Central Sewer

Attach:

- Utility letters proving service is available,
- or
- Health Dept. letter verifying that the septic systems are acceptable based on the proposed subdivision

15. **Is development of utility infrastructure proposed prior to final plat?**

_____Yes _____No

16. **Rights-of-way for this proposed subdivision are intended to be:**

_____ dedicated _____ private _____ existing dedicated roads

17. **Is any excavation activity proposed as part of this subdivision?** _____Yes _____No

If yes, indicate the type (canal, lake, etc.) and proposed use (navigable, drainage, scenic, etc.):

18. **Is the subdivision to be developed prior to the filing of the final plat?** _____Yes _____No

If no, bonding of the infrastructure is required in a form that is acceptable to the County Board of County Commissioners under the conditions of the Charlotte County Subdivision Regulations.

If constructing new roads, and they are to be dedicated to the County, all paperwork shall be in accordance with Article VII of Charlotte County Code 3-7.

ALL ROADS SHALL BE CONSTRUCTED TO COUNTY STANDARDS.

19. Will the subdivision be constructed in phases? _____ Yes _____ No

If yes, please specify:

AFFIDAVIT

I, the undersigned, being first duly sworn, depose and say that I am the applicant or agent of the property described and that is the subject matter of the proposed Preliminary Plat request, that data and other supplementary matter attached to and made part of the application, are honest and true to the best of my knowledge.

STATE OF _____, COUNTY OF _____

The foregoing instrument was acknowledged before me, by means of _____ physical presence or
online notarization, this _____ day of _____ 20__ by _____,
who is _____ personally known, or _____ produced identification with _____
and _____ did _____ did not take an oath. (type of identification)

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

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 Preliminary Plat.

STATE OF _____, COUNTY OF _____

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this _____ day of 20____, by _____, who is personally known, or produced identification with _____ and did did not take an oath.
(type of identification)

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

APPLICANT AUTHORIZATION TO AGENT

I, the undersigned, being first duly sworn, depose and say that I am the applicant for the Preliminary Plat of the property described and which is the subject matter of the proposed hearing.

I give authorization for _____ to be my agent for this application.

STATE OF _____, COUNTY OF _____

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this _____ day of 20____, by _____, who is personally known, or produced identification with _____ and did did not take an oath.
(type of identification)

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