



City of Marco Island
Growth Management Department
50 Bald Eagle Drive
Marco Island, FL 34145
Phone: 239-389-5000

PF-20

REZONE PETITION

Applicable Sections of the Marco Island Land Development Code Sec. 30-62 Amendment Procedures

Petition number: **R**-_____ Date Received: _____

ABOVE TO BE COMPLETED BY STAFF

1. **General Information:**

Name of Applicant(s): MARCO BEACH HOTEL, INC.

Applicant's Mailing Address: 600 Madison Avenue, 14th Floor

City: New York State: New York Zip: 10022

Applicant's E-Mail Address: _____

Applicant's Telephone: _____ Fax: _____

Name of Agent: ZACHARY W. LOMBARDO, ESQ. and ROBERT MULHERE, FAICP Firm: _____

Agent's Mailing Address: 606 BALD EAGLE DR. STE. 500

City: Marco Island State: FL Zip: 34145

Agent's Telephone: 239-649-6555 Fax: _____

Agent's E-Mail Address: zlombardo@wpl-legal.com; rmulhere@bowman.com

2. **Owner Information:**

- a. If the property is owned fee simply by an INDIVIDUAL, 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. (Use additional sheets if necessary).

Name and Address

Percentage of Ownership

b. If the property is owned by a CORPORATION, list the officers and stockholders and the percentage of stock owned by each.

Name and Address, and Office	Percentage of Stock
Marco Beach Hotel, Inc owned by Morton L. Olshan	100
Michael Olshan, Director, Andrea Olshan, Director and President	
Zachary Bornstein, Vice President and Treasurer	

c. If the property is in the name of a TRUSTEE, list the beneficiaries of the trust with the percentage of interest.

Name and Address	Percentage of Interest

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

Name and Address	Percentage of Ownership

e. If there is a CONTRACT FOR PURCHASE, 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.

Name and Address	Percentage 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 _____ yrs./mos.

If, Petitioner has option to buy, indicate date of option: _____ and 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.

3. **Detailed legal description of the property covered by the application:** (If space is inadequate, attach on separate page.) If request involves change to more than one zoning district, include separate legal description for property involved in each district. Applicant shall submit one (1) digital copy of a recent survey completed within the last six months.

NOTE: The applicant is responsible for supplying the correct legal description. If questions arise concerning the legal description, an engineer's certification or sealed survey may be required.

Section: 17 and 18 Township: 52 South Range: 26 East

Lot: _____ Block: _____ Subdivision: _____

Plat Book _____ Page #: _____ Property I.D.#: _____

Metes & Bounds Description: _____

*See Legal Description within Exhibit A of the provided Warranty Deed.

4. **Size of property:** _____ ft. X _____ ft. = Total Sq. Ft. _____ Acres 10.44

5. **Address and/or Parcel ID of subject property:** 560 S. Collier Blvd. / 78567000627

6. **Adjacent zoning and land use:**

Zoning Land use

N	RT	Interval Ownership -MF Residential
S	RT	Interval Ownership -MF Residential
E	C-3	Commercial
W	N/A	Gulf of Mexico

7. **Rezone Request:** This application is requesting a rezone from the RT zoning district (s) to the PUD zoning district(s).

Present Use and Zoning of the Property: Hotel and associated accessory uses

Proposed Use and Zoning (or range of uses) of the property: Hotel and associated accessory uses

8. **Evaluation Criteria:** Pursuant to Section 30-62 of the Marco Island Land Development Code, staff's analysis and recommendation to the Planning Board, and the Planning Board recommendation to the City Council shall be based upon consideration of the applicable criteria noted below. Provide a narrative statement describing the rezone request with specific reference to the criteria noted below. Include any backup materials and documentation in support of the request.

Standard Rezone Considerations (LDC Section 30-62(c)(3) b.1-18)

1. Whether the proposed change will be consistent with the goals, objectives, and policies and future land use map and the elements of the growth management plan.
2. The existing land use pattern.
3. The possible creation of an isolated district unrelated to adjacent and nearby districts.
4. Whether existing district boundaries are illogically drawn in relation to existing conditions on the property for the proposed change.
5. Whether changed or changing conditions make the passage of the proposed amendment necessary.
6. Whether the proposed change will adversely influence living conditions in the neighborhood.
7. Whether the proposed change will create or excessively increase traffic congestion or create types of traffic deemed incompatible with surrounding land uses, because of peak volumes or

projected types of vehicular traffic, including activity during construction phases of the development, or otherwise affect public safety.

- 8. Whether the proposed change will create a drainage problem.*
 - 9. Whether the proposed change will seriously reduce light and air to adjacent areas.*
 - 10. Whether the proposed change will seriously affect property values in the adjacent area.*
 - 11. Whether the proposed change will be a deterrent to the improvement or development of adjacent property in accordance with existing regulations.*
 - 12. Whether the proposed change will constitute a grant of special privilege to an individual owner as contrasted with the public welfare.*
 - 13. Whether there are substantial reasons why the property cannot be used in accordance with existing zoning.*
 - 14. Whether the change suggested is out of scale with the needs of the neighborhood or the county.*
 - 15. Whether it is impossible to find other adequate sites in the county for the proposed use in districts already permitting such use.*
 - 16. The physical characteristics of the property and the degree of site alteration which would be required to make the property usable for any of the range of potential uses under the proposed zoning classification.*
 - 17. Such other factors, standards, or criteria that the board of county commissioners shall deem important in the protection of the public health, safety, and welfare.*
9. **Deed Restrictions:** The City is legally precluded from enforcing deed restrictions, however, many communities have adopted such restrictions. You may wish to contact the civic or property owners association in the area for which this use is being requested in order to ascertain whether or not the request is affected by existing deed restrictions.
10. **Previous land use petitions on the subject property:** To your knowledge, has a public hearing been held on this property within the last year? If so, what was the nature of that hearing?
- No public hearings have been held on this property within the last year.

STATEMENT OF UTILITY PROVISIONS FOR STANDARD REZONE REQUEST

1. NAME OF APPLICANT: N/A -Rezone of Existing Developed Property to PUD
2. MAILING ADDRESS: _____
CITY _____ STATE _____ ZIP _____
3. ADDRESS OF SUBJECT PROPERTY: _____

4. LEGAL DESCRIPTION:
Section: _____ Township: _____ Range: _____
Lot: _____ Block: _____ Subdivision: _____
Plat Book _____ Page #: _____ Property I.D.#: _____
Metes & Bounds Description: _____

5. TYPE OF SEWAGE DISPOSAL TO BE PROVIDED (Check applicable system):
 - a. COUNTY UTILITY SYSTEM ☐
 - b. CITY UTILITY SYSTEM ☐
 - c. FRANCHISED UTILITY SYSTEM ☐
PROVIDE NAME _____
(GPD capacity) _____
6. TYPE OF WATER SERVICE TO BE PROVIDED:
 - a. COUNTY UTILITY SYSTEM ☐
 - b. CITY UTILITY SYSTEM ☐
 - c. FRANCHISED UTILITY SYSTEM ☐
PROVIDE NAME _____
7. TOTAL POPULATION TO BE SERVED: _____
8. PEAK AND AVERAGE DAILY DEMANDS:
 - A. WATER-PEAK _____ AVERAGE DAILY _____
 - B. SEWER-PEAK _____ AVERAGE DAILY _____
9. **IF PROPOSING TO BE CONNECTED TO CITY OF MARCO ISLAND WATER SYSTEM, PLEASE PROVIDE THE DATE SERVICE IS EXPECTED TO BE REQUIRED:** _____.
10. **STATEMENT OF AVAILABILITY CAPACITY FROM OTHER PROVIDERS:** Unless waived or otherwise provided for at the pre-application meeting, if the project is to receive sewer or potable water services from any provider other than the County, a statement from that provider indicating that there is adequate capacity to serve the project shall be provided.

STANDARD REZONE APPLICATION

SUBMITTAL CHECKLIST

THIS COMPLETED CHECKLIST IS TO BE SUBMITTED WITH APPLICATION PACKET.

REQUIREMENTS	# OF COPIES	REQUIRED	NOT REQUIRED
1. Completed Application	1	x	
2. Copy of Deed(s) and list identifying Owner(s) and all Partners if a Corporation	1	X	
3. Completed Owner/Agent Affidavit, Notarized	1	x	
4. Pre-application notes/minutes	1		
5. Conceptual Site Plans	1	x	
6. Environmental Impact Statement - (EIS)	1		x
7. Aerial Photograph - (with habitat areas identified)	1		x
8. Completed Utility Provisions Statement (with required attachments and sketches)	1		X
9. Traffic Impact Statement - (TIS)	1	x	
10. Historical & Archaeological Survey or Waiver Application	1		x
11. Copies of State and/or Federal Permits	1		x
12. NEIGHBORHOOD INFORMATION MEETING (NIM): APPLICATION SUBMITTAL: -Copy of Affidavit attesting that all property owners, civic associations & property owner associations were notified. -Copy of audio/video recording of public meeting -Written account of meeting		X	
13. Application fee, check shall be made payable to "The City of Marco Island" in the amount of \$5,000.00. (\$10,000.00 if to PUD.)		X	
14. Digital Copy of all Documents Submitted		X	

PUBLIC NOTICE REQUIREMENT: PER SECTION 30-62

As the authorized agent/applicant for this petition, I attest that all of the information indicated on this checklist is included in this submittal package. I understand that failure to include all necessary submittal information may result in the delay of processing this petition.


Agent/Applicant Signature

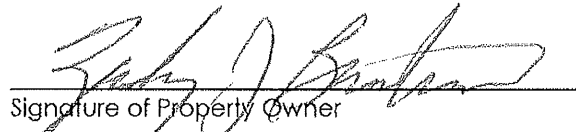
5-6-2024
Date

AFFIDAVIT

We/I, Marco Beach Hotel, Inc. 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 City printed shall not be altered. We/I hereby also consent to access to the subject property (excluding entering any home or other enclosed structure) by City of Marco Island staff members for the limited purpose of evaluating, observing, or understanding the subject property conditions as they relate to the Site Development Plan. While the Site Development Plan is pending, staff members will be allowed access upon the property provided they display a Marco Island City Photo ID or a Valid Driver's License.

Zachary W. Lombardo and the
law firm of Woodward, Pires &
Lombardo, P.A.

As property owner we/I further authorize _____ to act as our/my representative in any matters regarding this Petition.



Signature of Property Owner

Zachary Bornstein

Printed Name of Property Owner

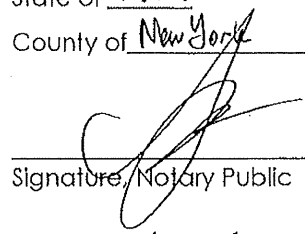
as Authorized Signatory

Title

The foregoing instrument was acknowledged before me this 4th day of April, 2024
by Zachary Bornstein, who is personally known to me or has produced _____
as identification.

State of New York

County of New York



Signature, Notary Public

Steven Ting

Printed, Typed, or Stamped Name of Notary

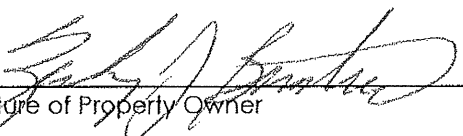
(Seal)

STEVEN TING
NOTARY PUBLIC, State of New York
No. 01T16196864
Qualified in Queens County
Certified in New York County
Commission Expires Nov. 24, 2024

AFFIDAVIT

We/I, Marco Beach Hotel, Inc. 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 City printed shall not be altered. We/I hereby also consent to access to the subject property (excluding entering any home or other enclosed structure) by City of Marco Island staff members for the limited purpose of evaluating, observing, or understanding the subject property conditions as they relate to the Site Development Plan. While the Site Development Plan is pending, staff members will be allowed access upon the property provided they display a Marco Island City Photo ID or a Valid Driver's License.

As properly owner we/I further authorize Robert J. Mulhere, FAICP, and Hole Montes, Inc. to act as our/my representative in any matters regarding this Petition.



Signature of Property Owner
Zachary Bornstein

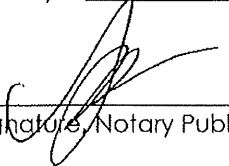
Printed Name of Property Owner

as Authorized Signatory

Title

The foregoing Instrument was acknowledged before me this 4th day of April, 2024
by Zachary Bornstein, who is personally known to me or has produced _____
as identification.

State of New York
County of New York



Signature, Notary Public
Steven Ting

Printed, Typed, or Stamped Name of Notary

(Seal)

STEVEN TING
NOTARY PUBLIC, State of New York
No. 01T16196864
Qualified in Queens County
Certified in New York County
Commission Expires Nov. 24, 2024