



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

SDP SITE DEVELOPMENT PLAN APPLICATION

Petition number: **SDP- 05-02** _____ Date Received: _____

Planner: _____

ABOVE TO BE COMPLETED BY STAFF

- Site Development Plan Review (See Section 30-674 for requirements)
- Site Improvement Plan Review (See Section 30-677 for requirements)
- Site Development Plan Amendment Review (See Section 30-676 for requirements)
- Site Development Plan Minor Amendment Review (See Section 30-676 for requirements)
- Site Development Plan Third and Subsequent Review
- Site Development Plan Time Extension

Agents Information

Agent's Name: Lee Davidson, P.E. - Davidson Engineering, Inc.
 Agent's Address: 4365 Radio Road, Suite 201
 City: Naples State: FL Zip Code: 34104
 Phone Number: 239-434-6060 Email: Lee@davidsonengineering.com

Owners Information

Owner(s): Our Daily Bread Food Pantry, Inc.
 Owner's Address: PO Box 109
 City: Marco Island State: FL Zip Code: 34146
 Phone Number: 239-259-5188 Email: Nancy@ourdailybreadfoodpantry.org

PROJECT NAME: Our Daily Bread Food Pantry

If this project is located in a PUD or it has a Conditional Use or a Variance approved, please indicate the PUD name and/or CU or Variance Application.

Number: _____ Date Approved: _____

LOCATION: Section: 16 Township: 52 Range: 26

Unit: 2 Block: 70 Lot: 24, 25, 26

Property I.D. #: 56807720003 & 568077600005 Existing Zoning: C-3

Type of development proposed: Commercial Food Bank Size (acreage) of the project: 1.73


No. of Dwelling Units: _____ Commercial Square Footage: Adding 815 sf to the existing 4,091 sf bldg for a new total of 4,906 sf

PROJECT DESCRIPTION

Renovate existing 4,091 gsf 5/3 drive-thru bank building into a food pantry building with a 815 gsf building addition, in total 4,906 gsf of food pantry use. The neighboring property at 1824 San Marco Road will be integrated into SDP and be used for vehicular stacking and loading.

| Property | Zoning | Land Use |
|----------|--------------|-------------------------------------|
| Subject | <u>C-3</u> | <u>5/3 Bank - Vacant</u> |
| N | <u>RSE-4</u> | <u>Residential Single Family</u> |
| S | <u>ROW</u> | <u>San Marco Rd</u> |
| E | <u>C-3</u> | <u>Commercial / Walgreens</u> |
| W | <u>C-3</u> | <u>Commercial / Animal Hospital</u> |

I hereby submit and certify the application to be complete and accurate.



Signature of Agent

9/5/2024

Date

SDP, SIP AND SDPA FEE CALCULATION = BASE FEE \$5,000.00 PLUS:

RESIDENTIAL: \$40.00 per unit:

N/A

NON-RESIDENTIAL: \$.05 per gross square foot of building:

$\$0.05 \times 815 \text{ gsf} = \$ 40.75$

SITE CLEARING PLAN REVIEW FEE: \$300.00 for 1st acre, \$100.00 per additional acre or fraction of an acre:

Clearing 2.3ac = \$300 1st acre + \$100 x 2.3 acres = \$500

SITE DEVELOPMENT PLANS: (3RD and subsequent reviews) \$300.00

SITE DEVELOPMENT PLAN TIME EXTENSION: \$250.00

Additional information or corrections that will be required for formal submittals:

Total Fees required for submittal: **\$540.75**

SDP MINOR AMENDMENT ≤ 10 PERCENT CHANGE = \$400.00 1ST SHEET & \$100.00

FOR EACH ADDITIONAL SHEET

(Fees per Resolution 21-50)

**SITE DEVELOPMENT PLAN
APPLICATION SUBMITTAL CHECKLIST**

This completed checklist is to be submitted with application packet

| REQUIREMENTS | # OF COPIES REQUIRED |
|--|--|
| Completed Application | 1 |
| Completed Owner/Agent affidavit, signed and notarized | 1 |
| Pre-application notes/minutes | 1 |
| Site Plan, Architectural Elevations, Landscape Plan, drainage plan, any required studies, and any additional information. Copy of approved Site Development Plan or Site Improvement plan by the City or County if applying for an amendment. | 1 Please submit through GHhelp@cityofmarcoisland.com |
| Digital copy of all items above | 1 |
| TOTAL FEES | Application fee, check shall be made payable to "The City of Marco Island" in the amount of: \$540.75 _____ |
| | |

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.



Signature of Petitioner or Agent

9/5/2024

Date