



City of Marco Island
Growth Management Department
50 Bald Eagle Drive
Marco Island, FL 34145
Phone: 239-389-5000 or FAX: 239-393-0266

SDP SITE DEVELOPMENT PLAN APPLICATION

Petition number: **SDP-** _____ 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 Third and Subsequent Review
- Site Development Plan Time Extension

Agent's Name: Michael J. Delate, P.E., Q. Grady Minor & Associates, P.A.

Agent's Address: 3800 Via Del Rey

City: Bonita Springs State: FL Zip Code: 34134

Telephone: 239-947-1144 Fax: 239-947-0375

Owner(s): Collier County Parks and Recreation

Owner's Address: 1500 Livingston Road

City: Naples State: FL Zip Code: 34109

Telephone: 239-252-4000 Fax: _____

Project Address: _____

PROJECT NAME: Tigertail Beach Tractor Canopy

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: 7 Twnshp: 52 Range: 26
Unit: _____ Block: _____ Lot: _____

Property I.D. #: 58220040009 Existing Zoning: CON-ST-M120

Type of development proposed: Park Size (acreage) of the project: N/A

No. of Dwelling Units: _____ Commercial Square Footage: _____

ADJACENT ZONING AND LAND USE:

Property Subject	Zoning	Land Use
	CON	Park
N	RSF-4	Single Family
S	RMF-16	High Rise
E	RSF-3	Single Family/Waterway
W	Gulf	N/A

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

Michael J. Delate, P.E.
49442 State of Florida

Digitally signed by Michael J. Delate, P.E. # 49442 State of Florida
DN: cn=Michael J. Delate, P.E. # 49442 State of Florida, o=This item has been
electronically signed and sealed by Michael J. Delate, P.E. on the date shown below using
SDP's administrative console. Only printed copies of this document are not considered signed
by Michael J. Delate, P.E. # 49442 State of Florida. No signature code may be verified on any electronic copies.
Reason: I am the author of this document.
Location:
Date: 2019-08-04 15:42:00

Signature of Agent

Date

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

RESIDENTIAL: \$40.00 per unit:

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

SITE CLEARING PLAN REVIEW FEE: \$300.00 for 1st acre, \$100.00 per additional acre or fraction of an acre (max \$900):

SITE DEVELOPMENT PLANS: (3RD and subsequent reviews) \$500.00

SITE DEVELOPMENT PLAN TIME EXTENSION: \$250.00

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

Total Fees required for submittal: _____

On March 7th, 2016 city council approved a resolution revising the fees related to development plan review and established cost recovery fees (resolution 16-24).

All development plan review applications will require an additional fee of 2 (two) times the total application fee due prior to advertising for public hearing, the additional fee will cover advertising, attorney fees and other miscellaneous costs associated with your applications, any monies not used will be returned to the applicant.

**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	1 (please include 7 copies of any documentation in color or larger than 24x36 to be handed out at the Planning Board and City Council meetings)
TOTAL FEES	Application fee, check shall be made payable to "The City of Marco Island" in the amount of: _____

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.

Michael J. Delate, P.E. #
49442 State of Florida

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electronically signed and sealed by Michael J. Delate, P.E. on the date shown below using
SHA-1 authentication code. *Only printed copies of this document are not considered signed
and sealed and the SHA-1 authentication code must be verified on any electronic copies.
E:mdelate@grainmtr.com, C:US
Reason: I am the author of this document
Location:
Date: 201906-04 15:41:38

Signature of Petitioner or Agent

Date

AFFIDAVIT

We/I, Barry Williams 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 property owner we/I further authorize Q.Grady Minor & Associates, P.A. to act as our/my representative in any matters regarding this Petition.

Signature of Property Owner

Signature of Property Owner

Barry Williams, Collier County Parks and Rec. Dept
Printed Name of Property Owner

Printed Name of Property Owner

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me or has produced _____ As identification.

State of Florida
County of Collier

Signature, Notary Public – State of Florida

(Seal)

Printed, Typed, or Stamped Name of Notary