

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-} 24-000246	Date Rece	ived:	-
Planner:				_
	ABOVE	TO BE COMPLETED B	Y STAFF	
☐ Site Impr ☐ Site Deve	elopment Plan Review (ovement Plan Review (elopment Plan Amendn elopment Plan Third and elopment Plan Time Exte	See Section 30-677 nent Review (See S d Subsequent Revie	for requirements) section 30-676 for requirements))
Agents Inform				
			Consulting Engineer's	-
Agent's Addres	s: 791 10th St. S,	Suite 302		_
City: Naples		State: FL	Zip Code: 34102	_
	239-649-1551	Email: MDelat	te@rdafl.com	•
	United Church o	Dr.	d, Inc. Zip Code: 34145	
<i></i>				-
	Bargain Basket	Email:		
	is located in a PUD or it indicate the PUD nai		Use or a Variance approved, p ariance Application.	olease
Number:		Date Approve	ed:	-
LOCATION: Unit:	Section: 8		Range: 26	-

Type of development proposed: Commercial Retail No. of Dwelling Units: PROJECT DESCRIPTION It is the expansion of the bargain basket building, proposed parking lot and utility connection ADJACENT ZONING AND LAND USE: Property Zoning Land Use Subject C-4 Commercial, Bargain Basket N C-4 vacant S C-4 office E ROW Road W alley Road I hereby submit and certify the application to be complete and accurate. Michael J Delate Delate De	and new)
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Michael I Delate Pelate	
Clauseture of Assert	
Signature of Agent Date	
SDP, SIP AND SDPA FEE CALCULATION = BASE FEE \$5,000.00 PLUS	i:
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 an acre:
SITE DEVELOPMENT PLANS: (3 RD 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:

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
	1
Site Plan, Architectural Elevations, Landscape Plan, drainage plan, any required studies and any additional information.	(please include 1 copies of any documentation in color or larger than 24x36 to be handed out at the Planning Board and City Council meetings)
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:

<u> </u>	tition, I attest that all of the information indicated on ackage. I understand that failure to include all the delay of processing this petition.
Signature of Petitioner or Agent	 Date

AFFIDAVIT

We/I, Samantha Koprenbeing 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	ng the disclosure of interest information, all sketches,			
data, and other supplementary matter attached to a	nd 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 he	ereby also consent to access to the subject property			
(excluding entering any home or other enclosed struc	cture) by City of Marco Island staff members for the			
limited purpose of evaluating, observing, or understar	nding the subject property conditions as they relate			
to the Site Development Plan. While the Site Develop	ment Plan is pending, staff members will be allowed			
access upon the property provided they display a Ma	rco Island City Photo ID or a Valid Driver's License.			
As property owner we/I further authorize RDA Cons	sulting Engineers to act as our/my			
representative in any matters regarding this Petition.				
Signature of Property Owner	Signature of Property Owner			
The United Church of Marco Island, Inc.				
Printed Name of Property Owner	Printed Name of Property Owner			
Trimed Name of Floperty Owner	Timed Name of Tropolly Owner			
The foregoing instrument was acknowledged before me this _26_ day of _FEISDUAKY_, 20_25				
by SAMANTHA KOPREN , who is personally known to me or has produced bout & ut.				
as identification.				
State of Florida				
County of COLLIEK	and the second second			
laur	JIRI MIKULINEC			
Signature, Notary Public – State of Florida	(Seal) Notary Public - State of Florida Commission # HH 303290			
	Bonded through National Notary Asso.			
Printed, Typed, or Stamped Name of Notary	Bonded through National Notary Asso.			
Timed, typed, or stamped Name of Notary				