



PF-20

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

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): Salute Properties, LLC - Luigi Carvelli, MGR

Applicant's Mailing Address: 870 Bald Eagle Drive, Suite 3A

City: Marco Island State: FL Zip: 34145

Applicant's E-Mail Address: luigicarvelli@yahoo.com

Applicant's Telephone: N/A Fax: N/A

Name of Agent: Robert Mulhere, FAICP, & Ellen Summers, AICP* Firm: Hole Montes, a Bowman Company

Agent's Mailing Address: 950 Encore Way

City: Naples State: FL Zip: 34110

Agent's Telephone: 239-254-2000 Fax: 239-254-2099

Agent's E-Mail Address: RMulhere@bowman.com & ESummers@bowman.com

*Agent: Noel J. Davies, Esquire; Davies Duke, PLLC; 1415 Panther Lane, Suite 442, Naples, FL, 34109; Telephone: 239-216-2792; Email: Noel.Davies@DaviesDuke.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). N/A

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. N/A

Name and Address, and Office

Percentage of Stock

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

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

SALUTE PROPERTIES, LLC
870 Bald Eagle Drive, Suite 3A, Marco Island, FL 34145
Sal Carvelli
Luigi Carvelli, MGR
Adamo Serravalle, MGR
Francesco Carvelli & Francesco Serravalle

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. N/A

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. N/A

Name and Address

- g. Date subject property, acquired leased 2-10-2022 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: ¹⁶ _____ Township: ⁵² _____ Range: ²⁶ _____

Lot: ⁶ _____ Block: ¹⁸⁴ _____ Subdivision: Marco Beach Unit 7 _____

Plat Book _____ Page #: _____ Property I.D.#: 57648760001

Metes & Bounds Description: _____

4. **Size of property:** _____ ft. X _____ ft. = Total Sq. Ft. _____ Acres ^{0.56} _____

5. **Address and/or Parcel ID of subject property:** 531 S. Collier Blvd

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

Zoning Land use

N	RT	Residential (Multi-Family)
S	C-3	Vacant
E	RSF-4	Residential (Single-Family)
W	RT	Residential (Multi-Family)

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

Present Use and Zoning of the Property: Vacant

Proposed Use and Zoning (or range of uses) of the property: C-3 Zoning intended for development of a 300 seat restaurant.

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.

See Narrative and Evaluation Criteria

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?

STATEMENT OF UTILITY PROVISIONS FOR STANDARD REZONE REQUEST

1. NAME OF APPLICANT: Salute Properties, LLC - Luigi Carvelli, MGR

2. MAILING ADDRESS: 870 Bald Eagle Drive, Suite 3A

CITY Marco Island STATE FL ZIP 34145

3. ADDRESS OF SUBJECT PROPERTY: 531 S. Collier Blvd, Marco Island

4. LEGAL DESCRIPTION:

Section: 16 Township: 52 Range: 26

Lot: 6 Block: 184 Subdivision: Marco Beach Unit 7

Plat Book 6 Page #: 59 Property I.D.#: 57648760001

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 21,840 gpd AVERAGE DAILY 16,800 gpd

B. SEWER-PEAK 35 gpm AVERAGE DAILY 12,000 gpd

9. IF PROPOSING TO BE CONNECTED TO CITY OF MARCO ISLAND WATER SYSTEM, PLEASE PROVIDE THE DATE SERVICE IS EXPECTED TO BE REQUIRED: Date unknown.

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	X	
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			
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

Ellen Summers, AICP, Lead Planner



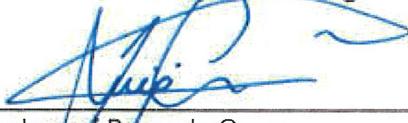
Date

AFFIDAVIT

Luigi Carvelli, MGR

We/I, Luigi Carvelli, MGR 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 Noel J. Davies, Esquire to act as our/my representative in any matters regarding this Petition.



Signature of Property Owner

LUIGI CARVELLI, MGR

Printed Name of Property Owner
SALUTE PROPERTIES, LLC

Signature of Property Owner

Printed Name of Property Owner

The foregoing instrument was acknowledged before me this 17 day of MAY, 2024 by Luigi Carvelli, who is personally known to me or has produced _____ as identification.

State of Florida

County of Collier

Signature, Notary Public – State of Florida

Printed, Typed, or Stamped Name of Notary

(Seal)



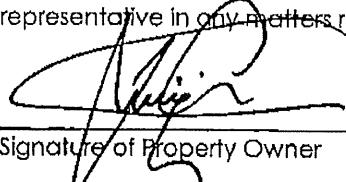
AFFIDAVIT

We/I, Luigi Carvelli, MGR

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.

Robert J. Mulhere, FAICP & Ellen Summers, AICP

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



Signature of Property Owner

LUIGI CARVELLI, MGR

Signature of Property Owner

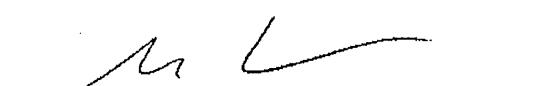
Printed Name of Property Owner

Printed Name of Property Owner

The foregoing instrument was acknowledged before me this 10 day of MAY, 2024 by Luigi Carvelli, who is personally known to me or has produced _____ as identification.

State of Florida

County of Collier

Signature, Notary Public – State of Florida

(Seal)

Melanie Visser
Printed, Typed, or Stamped Name of Notary

