



50 Bald Eagle Drive  
Marco Island, Florida 34145  
239-389-5000

## MINOR SUBDIVISION PLAT (FP) APPLICATION

### APPLICANT CONTACT INFORMATION

Name of Owner: \_\_\_\_\_ Marco Island Hospital, Inc.  
Name of Applicant if different than owner: \_\_\_\_\_  
Address: \_\_\_\_\_ 350 7th Street North City: \_\_\_\_\_ Naples State: \_\_\_\_\_ FL ZIP: \_\_\_\_\_ 34102  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Keisha Westbrook, PE  
Firm: \_\_\_\_\_ RWA, Inc.  
Address: \_\_\_\_\_ 6610 Willow Park Drive Suite 200 City: \_\_\_\_\_ Naples State: \_\_\_\_\_ FL ZIP: \_\_\_\_\_ 34109  
Telephone: \_\_\_\_\_ (239) 260-4344 Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ kwestbrook@consult-rwa.com

### PROPERTY INFORMATION

Provide a detailed legal description of the property covered by the application (if space is inadequate, attach on separate page):

Project Name: \_\_\_\_\_ San Marco Health Acres: \_\_\_\_\_ 10  
Address of subject site and general location: \_\_\_\_\_ 40 S Heathwood Dr. Marco Island , FL 34145  
SW Corner of Bald Eagle Dr. & San Marco Rd.  
Parent/Property ID Number: \_\_\_\_\_ 57540040007, 57540040201, & 57540040104 Section/Township/Range: \_\_\_\_\_ 16 / 32 / 26  
Subdivision: \_\_\_\_\_ Marco Beach Unit: \_\_\_\_\_ 6 Lot: \_\_\_\_\_ A of L Block: \_\_\_\_\_  
Zoning Designation: \_\_\_\_\_ PUD

### SUBMITTAL REQUIREMENT CHECKLIST

At time of submittal, the checklist is to be completed and submitted with the application packet. Please provide the submittal items in the exact order listed below, with cover sheets attached to each section. **Incomplete submittals will not be accepted.**

REQUIREMENTS FOR REVIEW:	# OF COPIES	REQUIRED	NOT REQUIRED
Completed Application (download current form from the County website)	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cover Letter briefly explaining project	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signed & Sealed Plat, less than 6 months old	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signed & Sealed Boundary Survey, less than 6 months old	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ownership Disclosure Form	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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### SUBMITTAL REQUIREMENT CHECKLIST CON'T

REQUIREMENTS FOR REVIEW:	# OF COPIES	REQUIRED	NOT REQUIRED
Notice of Intent letter	1	<input type="checkbox"/>	<input type="checkbox"/>
PUD Ordinance and Development Commitment Information	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence of Authority/Affidavit of Authorization	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Opinion of Title	1	<input type="checkbox"/>	<input type="checkbox"/>
Historical/Archeological Survey	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Traffic Impact Study	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electronic copies of all documents and plans in PDF Format and a CD of plans in CAD Format	1	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_ Significant portions of Marco Island are subject to recorded deed restrictions. As the city is not responsible for enforcement of private deed restrictions, it is incumbent upon individuals to know what private restrictions may apply to their property. Please contact Marco Island Civic Association (MICA) for more information at (239) 642-7778 or [www.marcocivic.com](http://www.marcocivic.com). By signing this application, the owner/applicant certified that the owner/applicant has been informed about the existence of such private deed restrictions.

By acceptance of this application, the applicant agrees to defend, hold harmless and indemnify the City of Marco Island and its employee and agents from any and all liability which may arise as a result of this application.

  
Applicant / Agent

July 9, 2021  
Date

### FEES

- **Subdivision Final Plat:**
  - **Residential- \$1,000.00 plus \$5.00 per acre (or fraction thereof)**
  - **Nonresidential- \$1,000.00 plus \$10.00 per acre (or fraction thereof)**  
10 acres @ \$10/acre = \$100 + \$1,000 base fee = \$1,100

All Checks payable to: City of Marco Island

The completed application, all required submittal materials and fees shall be submitted  
to: **City of Marco Island/Growth Management**  
ATTN: \_\_\_\_\_

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