



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

PF-26

SDP SITE DEVELOPMENT PLAN APPLICATION

Petition number: **SDP-** 21-000131 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

Agents Information

Agent's Name: DAVID THOMSEN
Agent's Address: 260 SEAVIEW CT
City: MARCO ISLAND State: FL Zip Code: 34145
Phone Number: 941-465-0900 Email: DTS911@MSN.COM

Owners Information

Owner(s): SOUTH SEAS WEST CONDOMINIUM APARTMENTS OF MARCO ISLAND INC
Owner's Address: 260 & 320 SEAVIEW CT
City: MARCO ISLAND State: FL Zip Code: 34145
Phone Number: 239-394-8105 Email: _____
PROJECT NAME: SOUTH SEAS WEST

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: _____ Township: _____ Range: _____
Unit: _____ Block: _____ Lot: _____

Property I.D. #: _____ Existing Zoning: RMF-16 MULTI FAMILY

Type of development proposed: FLOOR AREA EXPANSION Size (acreage) of the project: 12.92

No. of Dwelling Units: 430 EXISTING Commercial Square Footage: _____
(NO CHANGE)

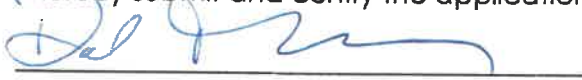
PROJECT DESCRIPTION

THIS APPLICATION IS FOR THE ENCLOSURE OF THE EXISTING BUILDING OVERHANGS. AFFECTED AREA IS
APPROX. 2800 SQ FT TOTAL. RELOCATE EXISTING STORE FRONT ENCLOSURE APPROX 15' NORTH AND SOUTH
OF EXISTING LOCATION

ADJACENT ZONING AND LAND USE:

Property	Zoning	Land Use
Subject	<u>RMF-16</u>	<u>RESIDENTIAL</u>
N	<u>RMF-16</u>	<u>RESIDENTIAL</u>
S	<u>RMF-16</u>	<u>RESIDENTIAL</u>
E	<u>RMF-16</u>	<u>RESIDENTIAL</u>
W	<u>GULF OF MEXICO</u>	

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


Signature of Agent

5/25/21
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:

\$.05 X 2800=\$140

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

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:

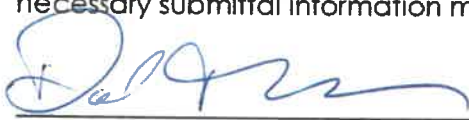
Total Fees required for submittal: \$5,140.00

**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.	1 (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: \$5,140.00

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

5/25/21

Date

AFFIDAVIT

We/I, Bill DePaul 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 William DePaul to act as our/my representative in any matters regarding this Petition.

William DePaul
Signature of Property Owner

Signature of Property Owner

WILLIAM DePaul
Printed Name of Property Owner

Printed Name of Property Owner

The foregoing instrument was acknowledged before me this 24 day of MAY, 2021, by William DePaul, who is personally known to me or has produced _____ As identification.

State of Florida
County of Collier

Katharine Gorman
Signature, Notary Public - State of Florida

(Seal)

KATHARINE GORMAN
Printed, Typed, or Stamped Name of Notary



KATHARINE GORMAN
Commission # GG 350431
Expires July 21, 2023
Bonded Thru Budget Notary Services



