



City of Fort Myers
Planning Division
1825 Hendry Street, Suite 101
Fort Myers, FL 33901
Phone: 239-321-7993

APPLICATION FOR PLANNED UNIT DEVELOPMENT (PUD)

1) PROJECT NAME:

2) Owner(s): Name, address, and email of all owners of the property. Name and address of all parties having interests in the subject property, including owners, major stockholders of corporations and beneficiaries of trusts (attach sheets if needed).

| | |
|-----------|---------------|
| Owner(s): | Corporations: |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

3) Agent: Contact person (agent) authorized to receive all communications regarding this application:

Name:

Address:

City, State, Zip:

Office phone:

Cell phone:

Email address:

4) Developer, if applicable:

Name:

Address:

City, State, Zip:

Office phone:

Cell phone:

Email address:

5) Property Address and Strap #:

No. of Parcels:

1st Address:

Strap #1:

2nd Address:



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Strap #2: _____
 3rd Address: _____
 Strap #3: _____

6) Date Property Acquired:

7) Description of Location of Property; if there are adjacent streets, please list them:

8) Specially Regulated Areas within the City: Is your property on or within any of the following? Signify by marking with an "X" for yes or no:

| | Yes | No |
|--|-----|----|
| On Cleveland Avenue | | |
| On Dr. Martin Luther King Jr. Blvd. | | |
| On Veronica S. Shoemaker Blvd. | | |
| Within the Urban Reserve Area | | |
| Within the Downtown Redevelopment Area governed by the Smart Code, Chapter 118, Article 8 | | |
| Within the Coastal High Hazard Area along the Caloosahatchee River as defined by the State | | |
| Within the flood zone of Billy's Creek | | |
| Within any flood zone as identified by state agencies | | |
| Environmentally sensitive area | | |
| Within the Dunbar Bellevue Annexation Area | | |
| Within a Development of Regional Impact (DRI) | | |
| Are you partnering with the City on this project | | |

9) From the Future Land Use Map:

Land Use (LU) of your Parcel: _____
 LU to North: _____
 LU to South: _____
 LU to East: _____
 LU to West: _____



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10) From the Official Zoning Map:

Zoning of your Parcel: _____
Zoning to North: _____
Zoning to South: _____
Zoning to East: _____
Zoning to West: _____

11) Surrounding Businesses By Name and Description of Use (e.g. Smith's Auto Service Center, repair of semi-trucks):

Your Parcel: _____
North: _____
South: _____
East: _____
West: _____

12) Dimensions, Size of Property:

Length: _____
Width: _____
Area in s.f: _____
Acres: _____

13) Has a public hearing been held regarding this property in the past five (5) years?
If so, in whose name and why?

14) Units, Square Feet (SF) or Acres proposed for various uses (See Categories from LDC Table of Permitted Uses, Section 118.3.2, to fill out this chart):

| | Specific Use | Units, S.F. or Acres |
|--|---------------------|-----------------------------|
|--|---------------------|-----------------------------|



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| | Specific Use | Units, S.F. or Acres |
|-------------------------|---------------------|-----------------------------|
| Residential: | | |
| Household Living: | | |
| Group Living; | | |
| Civic: | | |
| Community Service: | | |
| Day Care: | | |
| Educational Facility: | | |
| Medical Facility: | | |
| Parks/Open Space: | | |
| Passenger Terminal: | | |
| Place of Worship: | | |
| Social Service: | | |
| Utilities: | | |
| Commercial: | | |
| Indoor Recreation: | | |
| Office: | | |
| Outdoor Recreation: | | |
| Overnight Lodging: | | |
| Parking, commercial: | | |
| Restaurant: | | |
| Retail Sales & Service: | | |
| Self-Service Storage: | | |
| Vehicle Sales/ Service: | | |
| Water-Oriented: | | |
| Industrial: | | |
| Wholesale Trade: | | |
| Light Industrial: | | |
| Warehouse/Dist.: | | |
| Heavy Industrial: | | |
| Waste-Related Service: | | |
| Open: | | |
| Agriculture: | | |
| Conservation: | | |
| Other: | | |



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15) For Non-residential Projects:

a. General Information

Total SF of existing structures: _____
Total SF of proposed structures: _____
Total SF of other impervious surface: _____
Total SF of pervious : _____
Other: Describe: _____
Commercial Gross Floor Area: _____
Industrial Gross Floor Area: _____

b. Description of Phasing: number of years and project for each phase:

c. Parking:

Existing Spaces: _____
Existing No. of Handicap Spaces: _____
Existing Loading Spaces: _____

Parking for Proposed Use:

| | |
|---------------------------|-------|
| Proposed Parking Spaces: | _____ |
| Proposed Handicap Spaces: | _____ |
| Proposed Loading Spaces: | _____ |

d. Project the number of non-construction full and part time permanent employees and volunteers at the completion of the project. Include estimated salary ranges. Specify if any seasonal variation is anticipated, if applicable:

16) For Residential Projects:

a. General Information

Proposed No. of Dwelling Units: _____
Dwelling Units per Acre: _____



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Parkland in project: _____
 Other: Describe: _____

b. Description of Phasing: number of years and project for each phase:

c. For residential projects, will any assistance from governmental funding programs or subsidized housing be utilized?

d. Is this an Affordable Housing Project?

e. Will the project be deed restricted? If so, explain and attach a copy of the Deed Restrictions.

17) Potable Water, Sanitary Sewer, Surface Water Drainage System, Solid Waste, and Recreation Analysis: Please mark the charts below with an "X" for yes or no.

| Potable Water | Yes | No |
|---|------------|-----------|
| Water lines, facilities currently serve the site | | |
| Water lines, facilities currently do NOT serve the site and will be needed to be built by the applicant | | |
| City service area | | |
| County service area | | |
| No service available from City or County | | |

| Sanitary Sewer System | Yes | No |
|------------------------------|------------|-----------|
| Currently on the site | | |



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| | | |
|--|--|--|
| Will need to be built by the applicant | | |
| City service area | | |
| County service area | | |
| No service available from City or County | | |

| Surface Water Drainage System | Yes | No |
|--|------------|-----------|
| Currently on the site | | |
| Will need to be built by the applicant | | |
| City service area | | |
| County service area | | |
| No service available from City or County | | |

| Solid Waste (Garbage pick-up information) | Yes | No |
|--|------------|-----------|
| Service currently being provided to the site | | |
| City service area | | |
| County service area | | |
| No service available from City or County | | |

18) For All Projects:

Taxable Value of Property: _____
 Est. value of proposed improvements: _____

 Estimated sales price or rental rate
 (include unit sales value for rental
 projects) by residential unit type or
 square foot commercial or industrial, if
 applicable: _____

19) List all agencies (Federal, State, and Local) from which approval and/or a permit must be obtained prior to development. Indicate the permit or approval for each agency.

20) Describe the use of the property on January 1 of this year. _____