Page 1 of 2



CONSISTENCY DETERMINATION (CD) 6/26/2024

## **CONSISTENCY DETERMINATION APPLICATION (CD)**

Code of Laws section 106-44

	Applic	ant Contact Informa	ition	
	/ Owner(s):			
Telephone:		E-Mail Address	:	
Name of Applicar	nt/Agent (if different than	owner):		
	<u> </u>			
Address:			State:	ZIP:
		E-Mail Address:		
	Pr	operty Information		
	(5)			
Legal Description	of Property:			
Address:		City:	State:	ZIP:
Proposed Activity	/:			
Size in Acres:		Zoning:		
	Surrounding 2	Zoning and Land Us	e Pattern	
	Zoning		Land Use	Э
N S				
E				
W				
Future Land Llee	Man Designation(s):			
ruture Land Use	Map Designation(s):			

Collier County

## **Submittal Requirement Checklist**

Requirements For Review		
Completed Application (download current form from the County website)	×	
Completed Addressing Checklist	×	
Deed or Proof of Ownership	×	
An aerial photograph with the property clearly delineated and the proposed areas for site improvement (with site and CCLS/CCL delineated on map)	×	
Affidavit of Authorization (if an agent is being used)	×	
Site Plan depicting the following:  General location of lot All lot dimensions including setbacks		
Official Zoning Map (with site delineated on map)		

## **Fee Requirements**

$\times$	Consistency	/ Determination
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\$250.00

The application must be reviewed by staff for sufficiency within 30 calendar days following the filing deadline before it will be processed. The applicant will be notified in writing, of the submittal sufficiency determination. If insufficient, the applicant will have 30 days to remedy the deficiencies. If you have any questions, please contact the assigned Planner per the Official Processing Letter provided to you with copy of the fee receipt.

\*The completed application, all required submittal materials, and fees shall be submitted to:

Growth Management Community Development Department – GMCD Public Portal:

<a href="https://cvportal.colliercountyfl.gov/cityviewweb">https://cvportal.colliercountyfl.gov/cityviewweb</a>

Questions? Email: <a href="mailto:GMDClientServices@colliercountyfl.gov">GMDClientServices@colliercountyfl.gov</a>

Signature of Property Owner or Agent	Date
Printed Name of Property Owner or Agent	

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