

2800 NORTH HORSESHOE DRIVE NAPLES, FLORIDA 34104 (239) 252-2400

APPLICATION FOR COMPATIBILITY DESIGN REVIEW

LDC Section 5.05.15
Chapter 3 K of the Administrative Code

PETITION NO (PL) PROJECT NAME DATE PROCESSED

To be completed by staff

APPLICANT CONTACT INFORMATION				
Name of Applicant(s):				
Address:	City:	State:	ZIP:	
Telephone:	Cell:	Fax:		
E-Mail Address:				
Name of Agent:				
Firm:				
Address:	City:	State:	ZIP:	
Telephone:	Cell:	Fax:		
E-Mail Address:				

BE AWARE THAT COLLIER COUNTY HAS LOBBYIST REGULATIONS. GUIDE YOURSELF ACCORDINGLY AND ENSURE THAT YOU ARE IN COMPLIANCE WITH THESE REGULATIONS.

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DISCLOSURE OF INTEREST INFORMATON

Please comple	te the following,	use addi	itional sheets	if necessary.		

the property is owned by a <u>CORPORATION</u> , list the office rcentage of stock owned by each:	ers and stockholders a
Name and Address	% of Owner
the property is in the name of a <u>TRUSTEE</u> , list the benef	iciaries of the trust w
rcentage of interest: Name and Address	% of Owner
he property is in the name of a <u>GENERAL</u> or <u>LIMITED PART</u> neral and/or limited partners:	NERSHIP, list the name
Name and Address	% of Owner
	7,5 0,7 0,1111,0

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of interest form.

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Name and Address		% of Owners
Date of Contract:		
If any contingency clause or contract terms involve a	ıdditional pa	rties, list all individua
	-	
officers, if a corporation, partnership, or trust: Name and Add	ress	
officers, if a corporation, partnership, or trust: Name and Add		
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Name and Add	onths	
Date subject property acquired	onths	
Date subject property acquired	onths ng:	
Date subject property acquired	onths ng:	

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ASSOCIATIONS

Complete the following for all registered association(s) that could be affected by this petition.

Name of Homeown Mailing Address:			City:	State:	ZIP:	_
Name of Homeown	er Associatio	on:				_
Mailing Address:			City:	State:	ZIP:	-
Name of Homeown	er Associatio	on:				_
Mailing Address:			City:	State:	ZIP:	_
Name of Homeown Mailing Address:	er Associatio	on:				_
Mailing Address:			City:	State:	ZIP:	_
	or Associatio	ın·				
Name of Homeown	ei Associatio	/'''				_
Name of Homeown Mailing Address:			City:	State:	ZIP:	<u> </u>
Mailing Address:		PROPERTY	City:			
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ADJACENT ZONING AND LAND USE

	Zoning	Land Use
N		
S		
E		
W		
		iguous property please provide a detailed legal (if space is inadequate, attach on a separate

Section/Township/Range://
Lot: Block: Subdivision:
Plat Book: Page #: Property I.D. Number:
Metes & Bounds Description:
•

Name of the Project:

PROPOSED CONCEPTUAL DEVELOPMENT PLAN

See LDC section 5.05.15 C.2.b.ii and Administrative Code Section 4.N for Conceptual Plan requirements.

Include the following attachments:

- Exhibit B: Approved Intent to Convert Application (See LDC section 5.05.15 C.1)
- Exhibit C: Stakeholder Outreach Meeting (SOM) Report (See LDC section 5.05.15 C.3)
- Exhibit D: Soil and Groundwater Sampling (See LDC section 5.5.15 G.6)

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EVALUATION CRITERIA

On a separate page, and labeled **Exhibit E**, provide a narrative statement describing a request for a Compatibility Design Review and a detailed response to the criteria listed in LDC section 5.05.15 F. and Chapter 3 K of the Administrative Code. Specify how and why the request is consistent with each of the criteria.

- a. Whether the application has met the applicable requirements established in LDC Section 5.05.15 and reasonably addressed the concepts identified in LDC Section 5.05.15 D.2. D.4.
- b. Whether the conceptual design is compatible with the existing surrounding land uses.
- c. Whether a view of open space is provided that mitigates impacts to real property for the property owners that surround the golf course.
- d. Whether open space is retained and available for passive recreation.

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?				
Official Interpretations or Zoning Verifications: To your knowledge, has there been an official nterpretation or zoning verification rendered on this property within the last year? No Yes (If yes please provide copies.)				

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Pre-Application Meeting and Final Submittal Requirement Checklist for:

A Compatibility Design Review to be heard by the Planning Commission and Board of County Commissioners

Chapter 3 K of the Administrative Code

The following submittal requirement checklist is to be utilized during the Pre-Application Meeting, and at time of application submittal. 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 County website)	16			
Cover letter briefly explaining the project	16			
Pre-Application Notes	1			
Affidavit of Authorization, signed and notarized	2			
Completed Addressing Checklist	1			
Property Information, labeled as Exhibit A , including 4 copies of a boundary survey	16			
Proposed Conceptual Development Plan 24" X 36" (plus one 8 ½ X 11 copy)				
Approved Intent to Convert application, labeled Exhibit B (See LDC Section 5.05.15 C.1)	16			
Completed SOM Report, labeled Exhibit C (See LDC Section 5.05.15 C.3)	16			
Soil and/or groundwater sampling results, labeled Exhibit D (See LDC Section 5.05.15 G.6)	16			
Evaluation criteria responses, labeled Exhibit E (See LDC section 5.05.15 F.)	16			
Electronic copy of all documents and plans	1			

ADDITIONAL REQUIREMENTS FOR THE PUBLIC HEARING PROCESS:

- Following the completion of the review process by County review staff, the applicant shall submit all materials electronically to the designated project manager.
- Please contact the project manager to confirm the number of additional copies required.

Planners: Indicate if the petition needs to be routed to the following additional reviewers:

	Bayshore/Gateway Triangle Redevelopment:		Emergency Management: Dan Summers; and/or
	Executive Director		EMS: Artie Bay
	School District (Residential Components): Amy		Cuankian
Ш	Heartlock	Ш	Graphics:
	City of Naples: Robin Singer, Planning Director		Utilities Engineering:
	Parks and Recreation: Vicky Ahmad		Immokalee Water/Sewer District:
	Other:		

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FEE REQUIREMENTS

All checks payable to: Board of County Commissioners	
☐ Pre-Application Meeting: \$500.00	
 To be credited towards the application fee if the pre-application meeting. 	e application is filed within 9 months of
☐ Compatibility Design Review Application Fee: \$4,000.00	
 Additional fee for 5th and subsequent reviews: 2 	0% of original fee.
The completed application, all required submittal materials, and	I fees shall be submitted to:
Growth Management Division/Planning	g and Regulation
ATTN: Business Center	
2800 North Horseshoe Dr	ive
Naples, FL 34104	
Applicant Signature	Date

PUBLIC PARTICIPATION REQUIREMENTS

LDC Section 10.03.06 Y Chapter 8 of the Administrative Code

Notice for Compatibility Design Review Petitions

Mailed Notice: Written notice shall be sent to property owners within 1000 feet of the property lines of the golf course at least 15 days prior to the advertised public hearings.

Newspaper Advertisements: The legal advertisement shall be published at least 15 days before the advertised public hearing in a newspaper of general circulation. The advertisement shall include at a minimum:

- Date, time, and location of the hearing;
- Description of the proposed land uses; and
- 2 in. x 3 in. map of the project location.

Public Hearing for Compatibility Design Review

Collier County Planning Commission (CCPC): The CCPC shall hold at least 1 public hearing.

Board of County Commissioners (BCC): The BCC shall hold at least 1 advertised public hearing.

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