

**STEWARDSHIP SENDING AREA (SSA) DESIGNATION APPLICATION**  
**LDC subsection 4.08.06 C.**

The following documents are the necessary items, exhibits, and agreements for the Stewardship Sending Area Designation Application. Collier County shall consider an amendment to an approved SSA in the same manner as designated in this application.

**Application Review Schedule**

- The application review schedule is as follows:
- Within fifteen (15) working days of receipt of the SSA Application, the applicant will be notified in writing that the application is complete and sufficient for a review.
- If required, the applicant shall submit additional information.
- Within ten (10) working days of receipt of the additional information the applicant will be notified if the application is complete.
- Staff review and written comments shall be submitted to the applicant sixty (60) days after sufficiency is determined.
- Staff shall provide a written report containing their findings and recommendations of approval, approval with conditions or denial within ninety (90) days after sufficiency is determined.
- The BCC shall hold an advertised Public Hearing on the proposed application and agreement. The notice of this hearing shall be given fifteen days prior to the meeting date.

**Applicant Contact Information**

Name of Property Owner(s): \_\_\_\_\_

Name of Applicant, if different than owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name of Applicant/Agent: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## List of Consultants

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
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Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_

## Property Information

Property Address: \_\_\_\_\_ Property I.D. Number: \_\_\_\_\_  
Section/Township/Range: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Unit : \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
Plat Book : \_\_\_\_\_ Page #: \_\_\_\_\_  
Metes & Bounds Description: \_\_\_\_\_  
\_\_\_\_\_  
Size of Property: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. = \_\_\_\_\_ Total Sq. Ft. Acres: \_\_\_\_\_  
Total Area of SSA: \_\_\_\_\_

## Project Information

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Agreement: \_\_\_\_\_

General Location and Cross Streets: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Land Use: \_\_\_\_\_

## Adjacent Zoning and Land Use

	Zoning	Land Use
N		
S		
E		
W		

Any contiguous property owned by Applicant or Owner, if so provide legal description:

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## Pre-Application Meeting and Final Submittal Requirement Checklist

The following Submittal Requirement Checklist is to be utilized during the Pre-Application Meeting and at time of submittal with the application packet. Please provide the submittal items in the exact order listed below, with cover sheets attached to each section. Documents shall be submitted electronically. **Incomplete submittals will not be accepted.**

Requirements For Review		
Completed Application (download current form from County website)		<input checked="" type="checkbox"/>
Pre-Application meeting notes		<input checked="" type="checkbox"/>
Project Narrative		<input checked="" type="checkbox"/>
<a href="#">Affidavit of Authorization</a> , signed & notarized		<input checked="" type="checkbox"/>
<a href="#">Property Ownership Disclosure Form</a>		<input checked="" type="checkbox"/>
All documents shall be submitted in PDF format unless otherwise noted.		<input checked="" type="checkbox"/>
<b>SECTION ONE</b>		<input checked="" type="checkbox"/>
1)	Legal Description and General Description	
2)	Aerial photograph(s) having a scale of one inch equal to at least 200 feet when available from the County, or a scale of at least one inch equal to 400 feet is acceptable, delineating the area being designated as an SSA.	
<b>SECTION TWO</b>		<input checked="" type="checkbox"/>
1)	Natural Resource Index Assessment	
a.	Summary Analysis quantifying the number of acres by Index Values.	
b.	Level of Conservation being proposed.	
c.	Resulting Number of Credits generated	
d.	GIS files for each factor of the Natural Resource Index Assessment.	
i.	Boundary GIS file of SSA xxx	
ii.	FLUCCS (FL Land Use, Cover and Forms Classification System) for SSA xxx	
iii.	Remaining Uses for SSA xxx	
iv.	All Listed Species for SSA xxx	
v.	Restoration (if any- this is an optional file) for SSA xxx	
vi.	Soils for SSA xxx	
vii.	Stewardship for SSA xxx	
viii.	Proximity for SSA xxx	
These GIS files shall be submitted by email and sent to: Beth.Yang@CollierCountyFL.gov		
2)	Verification of Index Value Scores.	
a.	Submit validation of Scores assigned during the RLSA Study through Aerial Photography or Satellite Imagery, agency-approved mapping, or other documentation, as verified by field inspections.	

b.	If the verification establishes that the Index Value scores assigned during the RLSA Study are no longer valid, documentation of the Index Value of the land as of the date of the SSA Designation Application is to be submitted.	
3)	Establish the suggested "Restoration Potential" Index Value for any acres as appropriate.	
4)	Quantify the acreage of agricultural lands, by type, being preserved.	
5)	Quantify the acreage of non-agricultural lands, by type, being preserved.	
6)	Quantify the acreage of all lands by type within the proposed SSA that have an Index Value greater than 1.2.	
7)	Quantify all lands, by type, being designated as SSA within the ACSC, if any.	
<b>SECTION THREE-LIST OF EXHIBITS AND SUPPORT DOCUMENTATION</b>		<input checked="" type="checkbox"/>
1)	Legal Description, including sketch or survey.	
2)	Acreage calculations, e.g., acres of FSAs, HSAs, and WRAs, being designated in the SSA.	
3)	Stewardship Overlay Map delineating the area being designated as an SSA.	
a.	Flowway Stewardship Areas (FSAs)	
b.	Habitat Stewardship Areas ( HSAs)	
c.	Water Retention Areas ( WRAs)	
d.	General Conditional Uses, Earth Mining and Processing and Recreational Uses	
4)	Aerial Photograph(s) having a scale of one inch equal to at least 200 feet when available from the county, otherwise, a scale of at least one inch equal to 400 feet is acceptable, delineating the area being designated as an SSA.	
5)	Natural Resource Index Map of area being designated as an SSA.	
6)	Florida Department of Transportation Florida Land Use Cover and Forms Classification System (FLUCCS) map indicating area being designated as an SSA on an aerial photograph having a scale of one inch equal to at least 200 feet when available from the County, otherwise, a scale of at least one inch equal to 400 feet is acceptable.	
7)	Listed species occurrence map(s) from United States Fish and Wildlife Services, Florida Fish Wildlife Conservation Commission and Florida Natural Areas Inventory, delineating the area being designated as an SSA.	
8)	United States Department of Agriculture-Natural Resources Conservation Service Soils map(s) delineating the area being designated as an SSA.	
9)	Documentation to support a change in the related Natural Resource Index Value(s), if appropriate.	
10)	Stewardship Credit Calculation Table that quantifies the number of acres by Index Values, the level of conservation being offered, and the	
<b>SECTION IV- STEWARDSHIP SENDING AREA CREDIT AGREEMENT</b>		<input checked="" type="checkbox"/>
1.	The number of acres and a legal description of all lands subject to the SSA Credit Agreement.	
2.	A map or plan (drawn at a scale of 1"= 500') of the land subject to the agreement which depicts any lands designated Flowway Stewardship	

	Areas (FSA), Habitat Stewardship Area (HSA) or Water Retention Areas (WRA), and the acreage of lands so designated.	
3.	A narrative description of all land uses, including conditional uses, if any, that shall be removed from the land upon approval of the SSA Credit Agreement.	
4.	A Natural Resource Index Assessment worksheet for the land subject to the Agreement and the total number of SSA credits that result from the Natural Resource Index Assessment.	
5.	A copy of the Stewardship Easement, (or deed if a fee simple transfer is proposed) applicable to the land, which shall be granted in perpetuity and shall be recorded by the County upon approval of the SSA Credit Agreement.	
6.	Land Management measure.	
	a. Submit Agreement, that the owner shall not seek or request, and the County shall not grant or approve, any increase in density or intensity of any permitted uses remaining on the SSA lands or any additional uses beyond those specified in the SSA Credit Agreement on the land.	
	b. Submit Agreement ensuring the enforceability of the SSA Credit Agreement between the landowner and the County	
7.	If applicable, the number of credits to be granted for restoration (Restoration Credits) together with the following information:	
	a. A legal description of lands to be designated for restoration.	
	b. A map depicting the land being designated as SSA, with the lands to be dedicated for restoration, but which the applicant makes no commitment to undertake restoration, identified as Restoration I ("R I"); and the lands dedicated for restoration identified as Restoration II ("R II").	
	c. The number of Restoration Credits to be granted for the lands designated R I and R II.	
	d. A Restoration Analysis and Report, inclusive of a written evaluation of the restoration area's existing ecological/ habit value and the necessary restoration efforts required to reestablish original conditions; enhance the functionality of wetlands or wildlife habitat; or remove exotics so as to enhance the continued viability of native vegetation and wetlands.	
	e. When the restoration is to be undertaken by the applicant, a Restoration Plan that addresses, at a minimum, the following elements;	
	1. Restoration goals or species potentially affected.	
	2. Description of the work performed.	
	3. Identification of the entity responsible for performing the work.	
	4. Work Schedule	
	5. Success Criteria and	
	6. Annual management, maintenance and monitoring.	

## Fee Requirements

- ☒ Pre-Application Meeting: \$500.00  
(to be credited towards the application fee if the application is filed within 9 months of pre-application meeting). Applications submitted 9 months or more after the date of the last pre-application meeting shall not be credited towards application fees and a new pre-application meeting will be required.
- ☒ Application Fee: \$9,500.00

*Make all checks payable to the Board of County Commissioners.*

**\*The completed application, all required submittal materials, and fees shall be submitted to:** Growth Management Community Development Department | GMCD  
Portal: <https://cvportal.colliercountyfl.gov/cityviewweb>

**Questions? Email:** [GMDclientservices@colliercountyfl.gov](mailto:GMDclientservices@colliercountyfl.gov)

**Applicant is responsible for providing finalized copies as required for Public Hearings.  
I hereby submit and certify this application to be complete and accurate.**

\_\_\_\_\_  
**SIGNATURE OF AGENT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINTED NAME**

## AFFIDAVIT

We/I, \_\_\_\_\_, 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 County printed shall not be altered. Public hearings will not be advertised until this application is deemed complete, and all required information has been submitted.

As property owner We/I further authorize \_\_\_\_\_ to act as our/my representative in any matters regarding this Petition.

\_\_\_\_\_  
Administrative Agent

\_\_\_\_\_  
Administrative Agent

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024, by who is personally known to me.

State of Florida

County of Collier

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned

Name of Notary Public)