

HENDRY COUNTY PLANNING AND ZONING DEPARTMENT

P.O. Box 2340

LaBelle, Florida 33975-2340

863-675-5240 • FAX: 863-674-4194

<http://www.hendryfla.net/planning.php>

<i>For Office Use Only:</i>	
Date:	_____
Hearing No:	_____
Fees:	_____
Check No.:	_____ or Cash _____
Strap No.:	_____

SITE IMPROVEMENT PLAN APPLICATION (SIP)

Name of Applicant: _____

Address: _____

Tel: _____ Fax: _____ e-mail: _____

Name of Agent: _____

Address: _____

Tel: _____ Fax: _____ e-mail: _____

Property Address: _____

Property Acreage: _____

Future Land Use Designation on Property: _____

Existing Zoning on Property: _____

Adjacent Zoning: North: _____ South: _____ East: _____ West: _____

Adjacent Zoning: North: _____ South: _____ East: _____ West: _____

Reason for SIP: _____

Is there an existing approval for a special exception, rezone, variance, and/or administrative waiver on the property?

_____ If yes, please provide resolution and/or ordinance numbers _____

SUBMITTAL REQUIREMENTS (unless waived at the pre-application meeting):

1. Original application.
2. Proof of ownership or contract to purchase or lease property.
3. A copy of the pre-application meeting notes.
4. Submittal of a site plan may be reviewed under the site improvement plan (SIP) review process if the development proposal meets the requirements LDC Section 1-58-59.
5. A SIP shall be prepared on a 24-inch by 36-inch sheet drawn to scale and setting forth the following information:
 - a. The project title, property owner, address and telephone number.
 - b. Legal description, scale and north arrow.
 - c. Zoning designation of the subject site and adjacent sites and the proposed use of the subject site.
 - d. Location, configuration and dimensions of all building and lot improvements.
 - e. Location and configuration of parking and loading areas, and the directional movement of access point(s) to the site.
 - f. Location of the dimension of access point(s) to the site.
 - g. Parking summary in matrix form, indicating the required and provided parking for each existing and proposed use.
 - h. Location and configuration of handicapped parking facilities and building accessibility features.
 - i. Location, dimension and configuration of existing water management facilities.
 - j. Location of trash enclosures.
 - k. Location of existing and proposed landscaping with specifications as to size, quantity and type of vegetation.
 - l. A boundary survey (11" × 17" minimum), less than one year old, signed, sealed, and prepared by a professional surveyor and mapper, showing the location and dimensions of all property lines, existing streets or roads, easements, rights-of-way, and areas dedicated to the public. In the case of improved property, the survey is to show all vertical improvements.
6. Processing Fees payable to the Hendry County Board of County Commissioners:
\$250.00

Please submit original application plus supporting documentation for sufficiency review. Once the application has been deemed sufficient, please submit 4 copies and 1 CD of all documents for formal review.

ALL TEXT DOCUMENTS ARE TO BE SUBMITTED ON DOUBLE-SIDED PAGES. ANY GRAPHS OR MAPS ARE TO BE ONE-SIDED.

LETTER OF AUTHORIZATION

ATTEST:

We/I, _____, being first duly sworn, depose and say that we/I are/am the owners of the property described herein; that all the answers to the questions in this application, all sketches, data, and other supplementary matter attached to and made a part of this application, are true and correct 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.

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

(Signature of Property Owner)

(Signature of Property Owner)

(Typed or Printed Name of Owner)

(Typed or Printed Name of Owner)

State of Florida
County of Hendry

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

(Signature of Notary Public – State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)