



APPLICATION FOR A TYPE B LIMITED REVIEW DEVELOPMENT ORDER IN UNINCORPORATED AREAS ONLY

Project Name: _____

Request: _____ CIP Project: No Yes

This application will be processed electronically. I acknowledge that final plans and documents will only be available through Lee County's [ePlan](#) system.

1. **Name of Applicant:** _____
Address: _____
City, State, Zip: _____
Phone Number: _____ E-mail: _____

2. **Relationship of Applicant to owner (check one) and provide Affidavit of Authorization form. [10-107; 10-153(1)]:**
 Applicant is the sole owner of the property.
 Applicant has been authorized by the owner(s) to represent them for this action.

3. **Authorized Agent: (If different than applicant) Name of the person who is to receive all County-initiated correspondence regarding this application. [10-153(a); 10-153(2)]**

a. **Company Name:** _____
Contact Person: _____
Address: _____
City, State, Zip: _____
Phone Number: _____ E-mail: _____

b. **Additional Agent(s):** Provide the names and contact information of other agents that the County may contact concerning this application. **[10-153(2)f.]**

4. **Single owner (if different than applicant): [10-153(2)d.]**
Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____ E-mail: _____

5. **STRAP Number(s):** [Attach extra sheets if additional space is needed.] **[10-153(3)a.]**

6. **Street Address of Property:** _____

7. **Planning Community or Community Plan Area*:** _____
*Note: Additional requirements may apply. See LDC Chapter 33 for additional information.

8. **Current Use(s) of Property:** _____

LEE COUNTY COMMUNITY DEVELOPMENT
PO BOX 398 (1500 MONROE STREET), FORT MYERS, FL 33902
PHONE (239) 533-8585

9. **Lee Plan (Future Land Use) Designation:** _____
10. **Current Zoning of Property:** _____
11. **Property Dimensions [10-153(3)(c)]:**
 a. Width (average if irregular parcel): _____ Feet
 b. Depth (average if irregular parcel): _____ Feet
 c. Total area: _____ Acres or square feet
12. **Zoning Approval(s).** List the case number or resolution number of any variance, special exception, rezoning, or other zoning actions that have been granted or requested on the property. **[10-153(4)]**

13. **DO/LDO Approval(s).** List the case number of any development order or development standards exemptions that have been approved or filed on the property. **[10-153(4)]**

14. **Site Plan.** Submit a site plan on 36"x24" paper, to scale, illustrating at a minimum: existing and proposed lot lines; buildings and uses; streets; accessways; off-street parking; water management facilities; buffering; open space; and any structures on adjacent property which may be affected by the requested development. **[10-175(2)]**
15. **Commercial Building Design.** Is the proposed development within a commercial zoning district? **[10-600]**
 YES – If **YES**, Commercial Architectural Design Standards apply (see LDC Section 10-600)
 NO – If **NO**, application items #16 through 18 do not apply.
16. **Commercial Architectural Design Applicability:** Which category best describes the proposed development? If the answer is anything other than "None of the above," then Commercial Architectural Compliance is required (see architectural review requirements in LDC Section 10-600, et al.). **[10-602]**
 New Building
 Building Addition (>50% of square footage of existing building)
 Renovation (>50% of square footage of existing building)
 Redevelopment (>50% of square footage of existing building)
 Discontinuance (use of building was discontinued for one year or more)
 None of the above (If none of the above, application items #17 & 18 do not apply)
17. **Architect Name:** _____ **Phone #:** _____
18. **Architectural Design Style:** Indicate the architectural design style proposed for this project. {Note: If the proposed development is within an individual Planning Community/Community Plan area (see application item #7), then refer to the specific Architectural style requirements outlined in LDC Chapter 33.}
 Mediterranean Key West Spanish
 Old Florida Colonial Vernacular
 Modern International Contemporary Florida Vernacular
 Main Street Caribbean Other _____
19. **Wireless Communications Facility:** Is the proposed development a wireless communications facility? If so, please provide Wireless Communications Facility Shared Use Plan Agreement.
20. **Other documentation:** Other relevant documentation such as copies of permit applications or other approvals applicable to the requested development. **[10-175(7)]**

SUBMITTAL REQUIREMENTS

Clearly label your attachments as noted in bold below.

SUBMITTAL ITEMS	
<input type="checkbox"/>	Completed application [10-175(1)]
<input type="checkbox"/>	Filing Fee - [10-108(a)]
<input type="checkbox"/>	Affidavit of Authorization [10-153] <i>Prior to approval, one signed & notarized original must be submitted</i>
<input type="checkbox"/>	Additional Agents [10-153(2)(f)]
<input type="checkbox"/>	List of STRAP Numbers (if additional sheet is required) [10-153(3)a]
<input type="checkbox"/>	Wireless Communications Facility Shared Use Plan Agreement (if applicable)
<input type="checkbox"/>	Protected Species Survey [10-154(14)] (if applicable)
<input type="checkbox"/>	Protected Species Management Plan [10-154(15)] (if applicable)
<input type="checkbox"/>	Certificate to Dig [10-154(16)] (if applicable)
<input type="checkbox"/>	Historical Impact Assessment [10-154(17)] (if applicable)
<input type="checkbox"/>	Exotic Vegetation Removal Plan [10-154(18)] (if applicable)
<input type="checkbox"/>	State/Federal Permit Applications [10-154(22)] (if applicable)
PLAN SETS	
<input type="checkbox"/>	Site Plan [10-175(2)]
<input type="checkbox"/>	Utility Plans [10-154(6)(h); 10-154(7)(j)] (if applicable)
<input type="checkbox"/>	Drainage Plans [10-154(7)(k)] (if applicable)
<input type="checkbox"/>	Landscaping Plans [10-154(7)(l)] (if applicable)
<input type="checkbox"/>	Exterior Lighting Plan [10-154(8)] (if applicable)
<input type="checkbox"/>	Architectural Elevations [10-604] (if applicable)