

# WINTER HAVEN

*The Chain of Lakes City*

## City of Winter Haven Application for a Planned Unit Development

451 Third Street, NW  
Winter Haven, FL 33881  
Telephone: 863-291-5600  
Fax: 863-297-3090

### For Official Use Only:

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Fee Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Case Number: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

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Name of Applicant/Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Fax: \_\_\_\_\_

Interest in Property (i.e. owner, buyer, etc.): \_\_\_\_\_

Name of Agent (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Fax: \_\_\_\_\_

### PROPERTY IDENTIFICATION:

General Location (street address, etc.): \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

Parcel Identification Number  
(18-digit property tax account number): \_\_\_\_\_

Future Land Use Designation: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Existing Structures on the Site: \_\_\_\_\_

Total Acreage: \_\_\_\_\_

**PROJECT DATA:**

\*1. Briefly describe the existing conditions at the development site:

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\*2. Describe proposed PUD(e.g. type and number of residential units, commercial uses, mixed uses, etc.):

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\*3. Will the development be developed in phases? If so, please indicate phases and approximate schedule:

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\*4. What additional demands, will the proposed changes place on City Services. (For water and sewer provide total gallons per day):

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\*5. What effect will the proposed changes have on the transportation network in and around the PUD:

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6. Will the development occur in areas delineated as flood zones, wetlands, areas with endangered plant and animal species or of historical significance? If so, please describe:

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7. Please submit the following support documentation:

- A. Location map showing parcel(s) and location of all streets serving the site.
- B. Site plan drawn to scale.
- C. Map showing all utilities serving the project site.
- D. Any development agreements, covenants, deed restrictions, etc. showing control of any common elements.

\* Questions must be answered for this to be considered a complete application.

Agent, lessee, or buyer signature

STATE OF FLORIDA:

COUNTY OF POLK:

(I) (WE) \_\_\_\_\_

being duly sworn, depose and say that (I) (WE) serve as \_\_\_\_\_ for the  
Agent or Lessee

Owner(s) in making this petition and that the owner(s) (has) (have) authorized (me) (us) to act in this capacity. Further, (I) (WE) depose and say that the statements and answers herein contained and other information attached hereto present the arguments in behalf of the petition herein requested to the best of (my) (our) ability and that the statement and information above referred to are in all respects true and correct to the best of (my) (our) knowledge and belief.

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

STATE OF FLORIDA:

COUNTY OF POLK:

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification and who (did) (did not) take an oath.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
TYPED OR PRINTED NAME OF NOTARY PUBLIC

\_\_\_\_\_  
NOTARY PUBLIC SERIAL #, (IF ANY)

STAMP & DATE MY COMMISSION EXPIRES: \_\_\_\_\_

Ownership Signature

STATE OF FLORIDA:  
COUNTY OF POLK:

(I) (WE) \_\_\_\_\_ being  
duly sworn, depose and say that (I) (WE) own one of more of the properties involved in this  
petition and that (I) (WE) have familiarized (myself) (ourselves) with the rules and regulations of  
the Board of Adjustment with respect to preparing and filing this petition and that the foregoing  
statements and answers herein contained and other information attached hereto present the  
arguments in behalf of the petition herein requested to the best of (my) (our) ability and that the  
statement and information above referred to are in all respects true and correct to the best of  
(my) (our) knowledge and belief.

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

STATE OF FLORIDA:  
COUNTY OF POLK:

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or  
has produced \_\_\_\_\_ as identification and who (did) (did not) take  
an oath.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
TYPED OR PRINTED NAME OF NOTARY PUBLIC

\_\_\_\_\_  
NOTARY PUBLIC SERIAL #, (IF ANY)

STAMP & DATE MY COMMISSION EXPIRES: \_\_\_\_\_