

City Of Winter Haven
Application to Amend a Planned Unit Development

For Official Use Only:

Date Received: _____

Fee Received: _____

Received By: _____

Receipt Number: _____

Case Number: _____

Meeting Date: _____

Name of Applicant/Property Owner: _____

Mailing Address: _____

Telephone: _____

Name of Agent: _____

Mailing Address: _____

Telephone: _____

Property Information

Location of Project: _____

Legal Description of Property (if metes and bounds, please attach): _____

Parcel Identification Number for Property: _____

Future Land Use Designation: _____

Current PUD Ordinance Number: _____

Existing Structures on Property: _____

Total Acreage: _____

Project Data

1. Briefly describe the existing PUD development: _____

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2. Describe proposed changes to current PUD: _____

3. Why are these changes needed: _____

4. What additional demands, if any, will the proposed changes place on City services: _____

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

5. 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. Concept plan, if applicable.
 - D. Map showing all utilities serving the project site.
 - E. Proof of ownership/record of all owners.
 - F. Any development agreements, covenants, deed restrictions, etc. showing control of any common elements.

Ownership signature

STATE OF FLORIDA:
COUNTY OF POLK:

(I)(WE) _____
being duly sworn, depose and say that (I) (WE) own one or more of the properties involved in this petition and that (I) (WE) have familiarized (myself) (ourselves) with the rules and regulations of the Planning Commission 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 & MY COMMISSION EXPIRES: _____

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 owner(s) in
AGENT or LESSEE

making this petition and that the owner(s) has(have) authorized (me) (us) to act in this capacity. (I) (WE) have familiarized (myself) (ourselves) with the rules and regulations of the Planning Commission 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.

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COUNTY OF POLK:

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