

# WINTER HAVEN

*The Chain of Lakes City*

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

Planning Division  
451 Third Street, NW  
Winter Haven, FL 33881  
Telephone: 863-291-5600

### For Official Use Only:

Date Received: _____	Received By: _____
Fee Received: _____	Receipt Number: _____
Case Number: _____	Meeting Date: _____

### CONTACT INFORMATION:

Name of Applicant/Property Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Name of Agent (if applicable): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PROPERTY INFORMATION:

Zoning of Property: \_\_\_\_\_  
Future Land Use of Property: \_\_\_\_\_  
Location of Property: \_\_\_\_\_  
Parcel Identification Number(s): \_\_\_\_\_  
Legal Description of the Property (attach metes and bounds description if applicable):  
\_\_\_\_\_  
\_\_\_\_\_  
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.

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

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

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