

WINTER HAVEN

The Chain of Lakes City

City of Winter Haven Application to Amend a Planned Unit Development

Planning Division
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: _____

CONTACT INFORMATION:

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

PROPERTY INFORMATION:

Location of Property: _____
Parcel Identification Number(s): _____
Legal Description of the Property (attach metes and bounds description if applicable):

Current PUD Ordinance Number: _____
Existing Structures on the Site: _____
Total Acreage (include the total area subject to the existing PUD and the area subject to the amendment, if different): _____

PROJECT DATA:

1. Briefly describe the existing PUD development:

2. Describe proposed changes to current PUD:

3. Why are these changes needed?

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

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

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:

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 City of Winter Haven 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
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