

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:

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

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

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 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 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
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