



COLLIER COUNTY GOVERNMENT  
GROWTH MANAGEMENT DIVISION  
[www.colliergov.net](http://www.colliergov.net)

2800 NORTH HORSESHOE DRIVE  
NAPLES, FLORIDA 34104  
(239) 252-2400 FAX: (239) 252-6358

**Collier County Certificate of Public Facility Adequacy Application**  
LDC Section 10.02.07  
Chapter 4 C.1 of the Administrative Code

PETITION NO (PL)  
PROJECT NAME  
DATE PROCESSED

*To be completed by staff*

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

**APPLICANT CONTACT INFORMATION**

Name of Applicant(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**REASON FOR APPLICATION**

- Site Development Plan
- Subdivision Plat
- Site Development Plan Amendment
- Subdivision Plat Amendment

PL#: \_\_\_\_\_  
*(To be completed by Staff)*



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**PROPERTY INFORMATION**

Property I.D. Number: \_\_\_\_\_ Section/Township/Range: \_\_\_\_/\_\_\_\_/\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Unit: \_\_\_\_\_ Tract: \_\_\_\_\_

Miscellaneous Description: \_\_\_\_\_

**TYPE OF DEVELOPMENT**

- Detached Single Family       RV       Office       Medical Office
- Attached Single Family       Mobile Home       Retail       Industrial
- Condominium       Mixed Use      \_\_\_\_\_ (Specify)
- Multi-Family (Apts.)       Other      \_\_\_\_\_ (Specify)

**DEVELOPMENT INFORMATION**

**Residential:** \_\_\_\_\_ # of Units      \_\_\_\_\_ Average Living Area Sq. Ft. of Units

Type of Unit: \_\_\_\_\_ Single Family Detached      \_\_\_\_\_ Single Family Attached  
\_\_\_\_\_ Condominium      \_\_\_\_\_ Apartments

**Commercial:** \_\_\_\_\_ Sq. Ft. (Gross floor area including any mezzanines)

**Restaurant:** \_\_\_\_\_ # of Seats

**Church:** \_\_\_\_\_ # of Seats

**Hotel/Motel:** \_\_\_\_\_ # of Rooms

**School:** \_\_\_\_\_ # of Students

**Gas Station:** \_\_\_\_\_ # of Fuel Positions

**Marina:** \_\_\_\_\_ # of Wet/Dry Berths

**Quick Lube/Tire Store/ Self Service Car Wash:** \_\_\_\_\_ # of Bays

**Previous Structure(s) Located on Property:**       Yes       No



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**SUBMITTAL REQUIREMENTS**

See Chapter 4 C.1 of the Administrative Code for submittal requirements. The following must be submitted with the completed application packet:

- Application Fee: \$200.00 plus \$25.00 per residential dwelling unit or \$25.00 per 1,000 sq. ft. commercial (\$5,000.00 maximum)
- Estimated Transportation Impact Fee Calculations

Upon receipt of the Project Pre-Approval Letter and prior to expiration of the temporary, 1-year capacity reservation secured by the application upon the County's acceptance of the TIS, the applicant must, in accordance with LDC subsection 10.02.07 C, submit 33% of the estimated Transportation Impact Fees approved by Collier County Impact Fee Administration, made payable to Collier County Board of County Commissioners.

Please contact Impact Fee Administration at 252-2924 if you have any questions or if you need assistance in completing this form.

**NOTICE**

Be aware that, Florida Statute Section 837.06 - False Official Statements Law states that, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree," punishable as provided by a fine to a maximum of \$500.00 and/or maximum of a sixty day jail term.

Under penalties of perjury (a third degree felony) I hereby declare that I have read the foregoing application and that the facts stated in it are true and that I understand that the total dollar amount of Collier County impact fees tendered for the purpose of obtaining a Certificate of Public Facility Adequacy may be based upon an estimate derived from information provided to Collier County, and that the estimated impact fees are calculated using the applicable rates in effect at the time of submittal of this application, which are subject to change, and that I further understand that additional impact fees may be required to be paid in order to obtain building permits. I understand that the initial payment of thirty-three percent (33%) of the estimated transportation impact fees is non-refundable after issuance and receipt of the Certificate of Public Facility Adequacy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name