

APPLICATION FOR EASEMENT USE AGREEMENT

APPLICANT CONTACT INFORMATION

Name of Owner: _____

Name of Applicant if different than owner: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ Cell: _____ Fax: _____

E-Mail Address: _____

Name of Agent: _____

Firm: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ Cell: _____ Fax: _____

E-Mail Address: _____

PROPERTY INFORMATION

Address of Subject Property: _____ Parcel ID # _____

Legal Description: _____ Lot _____ Block _____ Tract _____

Section/Township/Range: _____ / _____ / _____

Current Zoning: _____

Note:

- 1) If applicant is a land trust, indicate the name of beneficiaries.
- 2) If applicant is a corporation other than a public corporation, indicate the name of the officers and major stockholders.
- 3) If applicant is a partnership, limited partnership or other business entity, indicate the name of the principals.
- 4) List all other owners.

SUBMITTAL REQUIREMENT CHECKLIST

This completed checklist is to be submitted with the application packet in the exact order listed below, with cover sheets attached to each section. **Incomplete submittals will not be accepted.**

REQUIREMENTS FOR REVIEW:	# OF COPIES	REQUIRED	NOT REQUIRED
Completed Application (download current form from the County website)	1	X	<input type="checkbox"/>
Addressing Checklist signed by Addressing Department	1	X	<input type="checkbox"/>
CD of complete application and all submittal documents in PDF format (not required if electronic submittal)	1	X	<input type="checkbox"/>
Fee Simple Deed	1	X	<input type="checkbox"/>
Statement explaining the reason for the Easement Use Agreement	1	X	<input type="checkbox"/>
Property Ownership Disclosure Form (See page 4)	1	X	<input type="checkbox"/>

SUBMITTAL REQUIREMENT CHECKLIST CON'T

REQUIREMENTS FOR REVIEW:	# OF COPIES	REQUIRED	NOT REQUIRED
Boundary Survey, signed with raised seal, showing existing conditions and encroachment on 8 ½ in. X 11 in. paper and labeled (in bold: “ Exhibit A ”)	2	X	<input type="checkbox"/>
Copy of the recorded subdivision plat	1	<input type="checkbox"/>	<input type="checkbox"/>
Affidavit of Authorization, signed and sealed, if the applicant isn't the owner	1	<input type="checkbox"/>	<input type="checkbox"/>
A copy of document that granted, conveyed or dedicated the easement to the County or public	1	<input type="checkbox"/>	<input type="checkbox"/>
Letters of No Objection from each of the following, as applicable:			
<u>Electric Company / Florida Power and Light Naples Service Center</u> 1220 5 th Ave North Naples, FL 34102 Phone: 239-262-1322	1	<input type="checkbox"/>	<input type="checkbox"/>
<u>Century Link</u> ATTN: Jigs Silang 3530 Kraft Road, Naples, FL 34105 Phone: 239-263-6234	1	<input type="checkbox"/>	<input type="checkbox"/>
<u>Collier County Sherriff's Office / Legal Department</u> ATTN: Michael Hedberg 3319 E Tamiami Trail, Naples, FL 34112 Phone: 239-252-0660	1	<input type="checkbox"/>	<input type="checkbox"/>
<u>Greater Naples Fire and Life Safety</u> ATTN: Shawn Hanson, Deputy Chief 2700 N Horseshoe Drive, Naples, FL 34104 Phone: 239-774-2800	1	<input type="checkbox"/>	<input type="checkbox"/>
<u>North Collier Fire Control and Rescue District</u> ATTN: Fire Prevention Bureau and Support Services 6495 Taylor Road, Naples, FL 34109 Phone: 239-597-9227	1	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comcast / Xfinity</u> ATTN: Mark Cook Email: Mark_Cook@comcast.com 12600 Westlinks Drive, Ste 4 Fort Myers, FL 33913 Phone: 239-432-1805	1	<input type="checkbox"/>	<input type="checkbox"/>
<u>Capitol Projects Planning, Impact Fees & Program Management Division</u> ATTN: Gino SantaBarbara, Principal Planner 2685 South Horseshoe Drive, Suite 103 Naples, FL 34104 Phone: 239-252-2925	1	<input type="checkbox"/>	<input type="checkbox"/>
<u>Homeowners Association</u>	1	<input type="checkbox"/>	<input type="checkbox"/>

FEES

- **Application Fee:** \$2,000.00
- **Recording Fee:** You will be contacted of exact amount prior to BCC meeting.

All checks payable to: Board of County Commissioners

The completed application, all required submittal materials and fees shall be submitted to:
Growth Management Department/Development Review Division
ATTN: Business Center-Client Services
2800 North Horseshoe Drive
Naples, FL 34104

Applicant/Agent Signature

Date

PROPERTY OWNERSHIP DISCLOSURE FORM

This is a required form with all land use petitions, except for Appeals and Zoning Verification Letters.

Should any changes of ownership or changes in contracts for purchase occur subsequent to the date of application, but prior to the date of the final public hearing, it is the responsibility of the applicant, or agent on his behalf, to submit a supplemental disclosure of interest form.

Please complete the following, use additional sheets if necessary.

- a. If the property is owned fee simple by an INDIVIDUAL, tenancy by the entirety, tenancy in common, or joint tenancy, list all parties with an ownership interest as well as the percentage of such interest:

Name and Address	% of Ownership

- b. If the property is owned by a CORPORATION, list the officers, stockholders and the percentage of stock owned by each:

Name and Address	% of Ownership

- c. If the property is in the name of a TRUSTEE, list the beneficiaries of the trust with the percentage of interest:

Name and Address	% of Ownership

- d. If the property is in the name of a GENERAL, or LIMITED PARTNERSHIP, list the name of the general and/or limited partners:

Name and Address	% of Ownership

- e. If there is a **CONTRACT FOR PURCHASE**, with an individual or individuals, a Corporation, Trustee, or a Partnership, list the names of the contract purchasers below, including the officers, stockholders, beneficiaries, or partners:

Name and Address	% of Ownership

Date of Contract: _____

- f. If any contingency clause or contract terms involve additional parties, list all individuals or officers, if a corporation, partnership, or trust:

Name and Address	% of Ownership

- g. Date subject property acquired _____

Leased: Term of lease _____ **years/months**

If, Petitioner has option to buy, indicate the following:

Date of option: _____

Date option terminates: _____, **or**

Anticipated closing date: _____

AFFIRM PROPERTY OWNERSHIP INFORMATION

Any petition required to have Property Ownership Disclosure, will not be accepted without this form. Requirements for petition types are located on the associated application form. Any change in ownership whether individually or with a Trustee, Company or other interest-holding party, must be disclosed to Collier County immediately if such change occurs prior to the petition's final public hearing.

As the authorized agent/applicant for this petition, I attest that all of the information indicated on this checklist is included in this submittal package. I understand that failure to include all necessary submittal information may result in the delay of processing this petition.

All checks payable to: Board of County Commissioners

The completed application, all required submittal materials and fees shall be submitted to:

**Growth Management Department/Development Review Division
ATTN: Business Center-Client Services
2800 North Horseshoe Drive
Naples, FL 34104**

Agent/Owner Signature

Date

Agent/Owner Name (please print)

AFFIDAVIT OF AUTHORIZATION

FOR PETITION NUMBERS(S) _____

I, _____ (print name), as _____ (title, if applicable) of _____ (company, if applicable), swear or affirm under oath, that I am the (choose one) ___ owner ___ applicant ___ contract purchaser and that:

1. I have full authority to secure the approval(s) requested and to impose covenants and restrictions on the referenced property as a result of any action approved by the County in accordance with this application and the Land Development Code;
2. All answers to the questions in this application and any sketches, data or other supplementary matter attached hereto and made a part of this application are honest and true;
3. I have authorized the staff of Collier County to enter upon the property during normal working hours for the purpose of investigating and evaluating the request made through this application; and that
4. The property will be transferred, conveyed, sold or subdivided subject to the conditions and restrictions imposed by the approved action.
5. We/I authorize _____ to act as our/my representative in any matters regarding this petition including 1 through 2 above.

***Notes:**

- If the applicant is a corporation, then it is usually executed by the corp. pres. or v. pres.
- If the applicant is a Limited Liability Company (L.L.C.) or Limited Company (L.C.), then the documents should typically be signed by the Company’s “Managing Member.”
- If the applicant is a partnership, then typically a partner can sign on behalf of the partnership.
- If the applicant is a limited partnership, then the general partner must sign and be identified as the “general partner” of the named partnership.
- If the applicant is a trust, then they must include the trustee’s name and the words “as trustee.”
- In each instance, first determine the applicant’s status, e.g., individual, corporate, trust, partnership, and then use the appropriate format for that ownership.

Under penalties of perjury, I declare that I have read the foregoing Affidavit of Authorization and that the facts stated in it are true.

Signature

Date

**STATE OF FLORIDA
COUNTY OF COLLIER**

The foregoing instrument was sworn to (or affirmed) and subscribed before me on _____ (date) by (name of person providing oath or affirmation), as _____ who is personally known to me or who has produced _____ (type of identification) as identification.

STAMP/SEAL

Signature of Notary Public