



PUD AMENDMENT, MINOR REQUIREMENTS CHECKLIST

Required for Application Process

- Completed DRC Application for Review
- DRC Processing Fee - See fee schedule
 - Resubmittal Fee - 50% of original fee
- Certificate of Title (original, executed within the last 60 days)
- Notarized Agent Authorization Form
- Legal Description (in Word format – CD or email to planning@stcloud.org) and SKETCH
- Narrative of proposed change(s), explanation of amendment and reason for amending
- 1 CD with COMBINED plan set in PDF format



**CITY OF ST. CLOUD
DEVELOPMENT REVIEW
APPLICATION**

FOR OFFICIAL USE ONLY

Date Received: _____

Case #: _____

Pre-Application meeting date: _____	Applicant/Agent did <u>not</u> participate in Pre-Application meeting
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Applicant: _____	Agent: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Email: _____	Email: _____

Legal Owner(s) of Property (List all recorded owners): _____

Owner Address: _____

Owner Email: _____

Project Name/Plan Name: _____

Site Location/Address: _____

Project/Plan Type: _____

Area of Development (Acreage or Square Feet): _____

Parcel Identification Number(s) (List all): _____

Future Land Use: _____ Proposed Future Land Use: _____

Zoning: _____ Proposed Zoning: _____

Will proposed development be for: Short Term Rental? YES NO Vacation Villas? YES NO

Affordable Workforce Housing for Essential Service Personnel (AWHESP)? YES NO

Housing for Older Persons? YES NO

Is this proposed development in an Urban Infill or Redevelopment (CRA) Area? YES NO

Number of units or lots: SF _____ MF _____ MH _____

Number of commercial buildings: _____ Total square footage: _____

Phasing Schedule: To be completed by applicant for projected build out. (required, if applicable)								
Unit Type	2018	2019	2020	2021	2022	2023-2028	2028-2034	2035-beyond
SF								
MF								
MH								
Totals								

I certify that I have reviewed the Land Development Code and that my submission meets all requirements. The only exceptions are those items to which I am requesting variances to or waivers from certain sections of the code and understand that they must be listed on the plans individually and on the attached transmittal. I understand that if an item does need a variance, it will be necessary to file through the appropriate governing body.

_____	_____	_____
APPLICANT/AGENT SIGNATURE	APPLICANT/AGENT NAME and TITLE	DATE



AGENT AUTHORIZATION FORM

I, (print property owner name) _____, as the owner of the real property described as follows _____ do hereby authorize to act as my agent (print agent's name) _____, to execute any petitions or other documents necessary to effect the application approval requested and more specifically described as follows, _____, and to appear on my behalf before any administrative or legislative body in the City considering this application, and to act in all respects as my agent in all matters pertaining to the application.

Date: _____
Signature of Property Owner _____
Print Name of Property Owner _____

STATE OF FLORIDA :
COUNTY OF _____:

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this ____ day of _____, 20__ by _____, who is personally known to me or has produced _____ as identification.

(Notary Stamp) _____
Signature of Notary Public
My Commission Expires: _____

Legal Description(s) or Parcel ID(s) are required:
