



# DEVELOPMENT ORDER APPLICATION FOR MINOR CHANGE

Community Development Department | 9220 Bonita Beach Rd, Suite 111 | Bonita Springs, FL 34135 | Phone: 239 444 6150 | Fax: 239 444 6140

**NOTE:** This form is to be completed by the applicant after having been issued a Development Order.

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### IMPORTANT NOTICE

**Small** Projects are limited to **Two** (2) Minor Change Applications, and **Large** Projects are limited to **Four** (4) Minor Change Applications. In the event that it is determined that this is not a Minor Change, it will be necessary to file for an Amendment to the Development Order.

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THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING INFORMATION:

- 1 original and 5 copies of application and supporting documentation
- 7 sealed copies of the revised site plan, **with all changes clouded**

**Please note when changes are made to certain plan sheets, one must come in to our office to change them out.**

1. Development Order # : \_\_\_\_\_ - \_\_\_\_\_ Amendment # : \_\_\_\_\_ Resubmittal # : \_\_\_\_\_
2. Project Name (should be same as above DO):
3. Date Development Order or previous amendment was approved:
4. Name of Applicant/Owner's Authorized Representative:  Mr.  Mrs.  Ms.

\_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Fax Number: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

5. List the specific change(s) proposed to the Development Order. Indicate plan sheet and changes.

**NOTE:** This application must itemize and describe the changes, and use phrases such as "see plan" are unacceptable. If the scope of the project is proposed to be changed, the previously approved parameters and the proposed parameters must be listed. If this is a resubmittal for a previously denied Minor Change, it must be so noted. Use additional sheets if needed.

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I, \_\_\_\_\_, certify that all answers to the questions in this application and any sketches, data or other supplementary matter attached to and made a part of this application, are honest and true to the best of my knowledge and belief.

**\*\*\* SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC \*\*\***

<b>Printed Name:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____
STATE OF FLORIDA, COUNTY OF _____ Sworn to (or affirmed) and subscribed before me		
day of _____, _____, by _____ (name of person making statement).		
Personally known: ___ OR Produced identification: ___ Type of identification produced: _____		
_____ (Signature of Notary Public – State of Florida)		_____ (Print, Type or Stamp Commissioned Name of Notary Public)