



Legislative Permit Extension Request

Permit Number: _____

Community Development Dept. | 9220 Bonita Beach Road, Suite 111 | Bonita Springs, FL 34135 | Phone: 239 444 6150 | Fax: 239 444 6140

To receive the extension, the following is required:

1. **Written Notice.** The City shall be notified in writing within 90 days after the termination of the emergency declaration. This notice must identify the specific permit or other authorization qualifying for the extension.
2. **Application and Ownership Affidavit.** In addition to written notice, an application and an ownership affidavit must be completed and submitted. Please submit a separate application and ownership affidavit for each request.
3. **Supporting Documents.** Please include with your application:
 - a. Copy of latest approval document(s) showing approval date and expiration
 - b. Approved Certificate of Concurrency (CNC)
4. **Fees.** There is a separate fee of \$200 for each approval type (i.e. Master Concept Plans, Developments of Regional Impact, Development Orders, Concurrency, etc.)

For example:

Development Order Extension:	\$200.00
Concurrency Extension:	\$200.00
Total Amount Due:	\$400.00

Separate applications must be submitted for each request

Please make check, money order or cashier's check payable to City of Bonita Springs.

5. **Separate.** A separate application, written request, supporting document(s) and fee must be submitted for each request.

If your request meets the qualifications, an approval letter will be issued within 15 business days showing the extended expiration date. If your request does not meet the provisions of State Statute, a written response shall be provided indicating the reason(s) for the denial.

No other changes to the previously approved development orders will be reviewed or approved with this request. All conditions of the original approval will remain in effect, except if it is demonstrated that the conditions in effect at the time the development order was issued would create an immediate threat to public safety or health.

Senate/House Bill: _____ Executive Order: _____

Please check ONLY ONE application type below:		
<input type="checkbox"/> Master Concept Plan	<input type="checkbox"/> Development of Regional Impact	<input type="checkbox"/> Development Order
<input type="checkbox"/> Concurrency	<input type="checkbox"/> Other:	
Project Name:		
Project Number:		Current Date of Expiration:

APPLICATION INFORMATION		
Address:		
City:	State:	Zip:
Parcel #(s):		
Section:	Township:	Range:
DO/LDO #:	CNC Expiration Date (current):	

OWNER INFORMATION		
Name of Owner:		
Address:		
City:	State:	Zip:
Telephone:	Cell:	
Email Address:		

AGENT INFORMATION		
Name of Business:		
Contact Person:		
Address:		
City:	State:	Zip:
Telephone:	Cell:	Fax:
Email Address:		

Please include with your application 1 original and 2 copies of each of the following:

- Affidavit of Ownership
- Written Notice - This letter must identify the specific permit or other authorization qualifying for the extension
- Copy of most recent Approval Documents
- Copy of Approved Concurrency Certificate
- Application Fee of \$200.00 per request

NOTE: UNLESS OTHERWISE NOTED, ALL WRITTEN CORRESPONDENCE WILL BE SENT TO THE AGENT. IF THERE IS NO AGENT, CORRESPONDENCE WILL BE SENT TO THE PROPERTY OWNER.

I hereby certify that the information in this application is true and correct. I have read this application and understand that other review processes and fees may be required prior to applying for and receiving Building Permits and/or Development Order Approval.

Signature of Property Owner or Agent

Ownership/Authorized Agent Affidavit

I, _____, certify that I am the owner or owner's authorized representative of the property described herein, and 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. I also authorize the staff of the City of Bonita Springs to enter upon the property during normal working hours for the purpose of investigating and evaluating the request made through this application.

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

Signature: _____		Date: _____	
Printed Name: _____			
STATE OF FLORIDA, COUNTY OF LEE			
Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____ (printed name of person making statement).			
Personally Known: ____ OR Produced Identification: ____ Type Produced: _____			
_____		_____ (Signature of Notary Public – State of Florida)	
(Notary Seal)		(Name of Notary Printed, Typed, or Stamped)	