



# Public Hearing Submittal Requirements Waiver

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

**Upon written request, the Director may modify the submittal requirements for Public Hearings (and other administrative applications) where it can be clearly demonstrated that the submission will have no bearing on the review and processing of the application. The request and the Director's written response must accompany the application submitted and will become a part of the permanent file.**

## APPLICATION FOR WAIVER OF REQUIRED SUBMITTAL ITEMS (indicate the appropriate application type)

- Public Hearing - General Requirements **(4-194)**
- Public Hearing - Additional Requirements for:
  - Development of Regional Impact **(4-195)**
  - Planned Developments **(4-295)**
  - Master Concept Plan Extension **(4-303)**
  - Master Concept Plan Reinstatement **(4-303)**
  - Rezoning other than Planned Developments **(4-195(b))**
  - Mobile Home Park **(4-195(d))**
  - Special Exception **(4-195(e))**
  - Variances **(4-195(f))**
- Administrative Action Requirements

### PLEASE PRINT OR TYPE:

STAP Number: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Applicant\*: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\* If applicant is not the owner, a letter of authorization from the owner must be submitted.**

**A. SPECIFIC SECTION(S) AND REQUIREMENT(S) FOR WHICH A WAIVER IS SOUGHT:**

Section Number	Requirement
#1 _____	_____
#2 _____	_____
#3 _____	_____
#4 _____	_____
#5 _____	_____
#6 _____	_____
#7 _____	_____
#8 _____	_____
#9 _____	_____

**B. SCOPE OF PROJECT AND REASON(S) FOR REQUEST:**

Please provide an explanation of the scope of the project and the reason(s) why you think the request for submittal waiver(s) should be approved. Use additional sheets if necessary and attach to this application form. (Please print or type) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**Directors Decision:**                      \_\_\_\_\_ **Request Approved**                      \_\_\_\_\_ **Request Denied**

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_