



Town of Fort Myers Beach

LIMITED REVIEW DEVELOPMENT ORDER APPLICATION- Reseal/Restripe

LDO NUMBER: _____ DATE: _____

STRAP Number: _____

Owner: _____

Site Address: _____

Applicant: _____ Phone: _____

Email: _____

*Applicant must submit a statement under oath that he/she is the authorized representative of the property owner. Complete the appropriate Affidavit form for the type of applicant.

SITE INFORMATION:

Description of work proposed: _____

Will the handicap parking spaces be relocated or altered: _____

Number of existing parking spaces including handicap spaces: _____

Will the existing parking spaces be altered in any manner: _____

SUBMITTAL REQUIREMENTS FOR RESEAL/RESTRIPE LDO ONLY

- Completed application (along with payment of \$200.00 fee)
- Applicant's Affidavit of Authorization
- Existing and proposed (if altering parking spaces) striping site plan including handicap markings(may be a current aerial)

NOTE: The Director may require additional information such as copies of deeds, sealed surveys, calculations, SFWMD permits, and other state, federal or local permits. [Section 10-175(7)]

PART V AFFIDAVIT

**AFFIDAVIT A1
APPLICATION IS SIGNED BY AN INDIVIDUAL OWNER OR APPLICANT**

I, _____ swear or affirm under oath, that I am the owner or the authorized representative of the owner(s) of the property and that:

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 Town of Fort Myers Beach in accordance with this application and the Land Development Code;

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;

I have authorized the staff of the Town of Fort Myers Beach Community Development to enter upon the property during normal working hours for the purpose of investigating and evaluating the request made thru this application; and that

The property will not be transferred, conveyed, sold or subdivided unencumbered by the conditions and restrictions imposed by the approved action.

Signature of Owner or Authorized Agent

Date

Printed Name

STATE OF FLORIDA)
COUNTY OF LEE)

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

Signature of Notary Public