



COLLIER COUNTY GOVERNMENT
GROWTH MANAGEMENT DEPARTMENT
www.colliergov.net

2800 NORTH HORSESHOE DRIVE
NAPLES, FLORIDA 34104
(239) 252-2400 FAX: (239) 252-6358

INSUBSTANTIAL CHANGE TO A PUD (PDI)
LDC subsection 10.02.13 E & Code of Laws section 2-83 – 2-90
Ch. 3 G.3 of the Administrative Code

Pursuant to LDC subsection 10.02.13 E.2, a PUD insubstantial change includes any change that is not considered a substantial or a minor change. A PUD insubstantial change to an approved PUD ordinance shall be based upon an evaluation of LDC subsection 10.02.13 E.1 and shall require the review and approval of the Hearing Examiner. The Hearing Examiner’s approval shall be based on the findings and criteria used for the original application.

PETITION NO	<i>To be completed by staff</i>
PROJECT NAME	
DATE PROCESSED	

APPLICANT CONTACT INFORMATION

Name of Applicant(s): Continental 422 Fund LLC

Address: W134 N8675 Executive Parkway **City:** Menomonee Falls **State:** WI **ZIP:** 53051

Telephone: 262-532-9318 **Cell:** _____ **Fax:** _____

E-Mail Address: khitch@cproperties.com

Name of Agent: D. Wayne Arnold, AICP

Folio #: 71750000402 **Section:** 24 **Twp:** 50 **Range:** 25

Firm: Q. Grady Minor and Associates, P.A.

Address: 3800 Via Del Rey **City:** Bonita Springs **State:** FL **ZIP:** 34134

Telephone: 239-947-1144 **Cell:** _____ **Fax:** _____

E-Mail Address: warnold@gradymminor.com



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DISCLOSURE OF INTEREST INFORMATION

Is the applicant the owner of the subject property? Yes No

- 1. If applicant is a land trust, so indicate and name the beneficiaries below.
- 2. If applicant is corporation other than a public corporation, so indicate and name officers and major stockholders below.
- 3. If applicant is a partnership, limited partnership or other business entity, so indicate and name principals below.
- 4. If applicant is an owner, indicate exactly as recorded, and list all other owners, if any.
- 5. If applicant is a lessee, attach copy of lease, and indicate actual owners if not indicated on the lease.
- 6. If applicant is a contract purchaser, attach copy of contract, and indicate actual owner(s) name and address below: *(If space is inadequate, attach on separate page)*

Please see "Disclosure of Interest" document.

DETAIL OF REQUEST

On a separate sheet, attached to the application, describe the insubstantial change request. Identify how the request does not meet the PUD substantial change criteria established in LDC subsection 10.02.13 E.1.

PROPERTY INFORMATION

PUD NAME: Sabal Bay PUD **ORDINANCE NUMBER:** 2012-12
FOLIO NUMBER(S): 71750000402

Provide a legal (if PUD is recorded) or graphic description of area of amendment (this may be graphically illustrated on Amended PUD Master Plan). If applying for a portion of the PUD, provide a legal description for subject portion.

Attach on a separate sheet, a written description of the map or text change.

Does amendment comply with the Growth Management Plan? Yes No



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If no, please explain: _____

Has a public hearing been held on this property within the last year? Yes No

If yes, in whose name? _____

Has any portion of the PUD been SOLD and/or DEVELOPED?

Are any changes proposed for the area sold and/or developed? Yes No
If yes, please describe on an attached separate sheet.



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**Pre-Application Meeting and Final Submittal Requirement Checklist for:
 PUD Insubstantial Change
 Chapter 3 G.3 of the Administrative Code**

The following Submittal Requirement checklist is to be utilized during the Pre-Application Meeting and at time of application submittal. At final submittal, the checklist is to be completed and submitted with the application packet. Please provide the submittal items in the exact order listed below, with cover sheets attached to each section. **Incomplete submittals will not be accepted.**

REQUIREMENTS FOR REVIEW	# OF COPIES	REQUIRED	NOT REQUIRED
Completed Application (download current form from County website)	16	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Application Meeting notes	1	<input type="checkbox"/>	<input type="checkbox"/>
Project Narrative, including a detailed description of proposed changes and why amendment is necessary	16	<input type="checkbox"/>	<input type="checkbox"/>
Detail of request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Master Plan & 1 Reduced Copy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revised Master Plan & 1 Reduced Copy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revised Text and any exhibits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUD document with changes crossed through & underlined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUD document as revised with amended Title Page with Ordinance #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warranty Deed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boundary survey, if boundary of original PUD is amended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If PUD is platted, include plat book pages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List identifying Owner & all parties of corporation	2	<input type="checkbox"/>	<input type="checkbox"/>
Affidavit of Authorization, signed & notarized	2	<input type="checkbox"/>	<input type="checkbox"/>
Completed Addressing Checklist	1	<input type="checkbox"/>	<input type="checkbox"/>
Copy of 8 ½ in. x 11 in. graphic location map of site	1	<input type="checkbox"/>	<input type="checkbox"/>
Electronic copy of all documents and plans *Please advise: The Office of the Hearing Examiner requires all materials to be submitted electronically in PDF format.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*If located in Immokalee or seeking affordable housing, include an additional set of each submittal requirement.			

ADDITIONAL REQUIREMENTS FOR THE PUBLIC HEARING PROCESS:

- Following the completion of the review process by County Review staff, the applicant shall submit all materials electronically to the designated project manager.
- Please contact the project manager to confirm the number of additional copies required.



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PLANNERS – INDICATE IF THE PETITION NEEDS TO BE ROUTED TO THE FOLLOWING REVIEWERS:

<input type="checkbox"/>	School District (Residential Components): Amy Lockheart	<input type="checkbox"/>	Bayshore/Gateway Triangle Redevelopment: Executive Director
<input type="checkbox"/>	Utilities Engineering: Eric Fey	<input type="checkbox"/>	Parks and Recreation: Vicky Ahmad
<input type="checkbox"/>	Emergency Management: Dan Summers	<input type="checkbox"/>	Naples Airport Authority: Ted Soliday
<input type="checkbox"/>	Conservancy of SWFL: Nichole Ryan	<input type="checkbox"/>	Other:
<input type="checkbox"/>	City of Naples: Robin Singer, Planning Director	<input type="checkbox"/>	Other:

FEE REQUIREMENTS

- PUD Amendment Insubstantial (PDI): \$1,500.00**
- Pre-Application Meeting: \$500.00**
- Estimated Legal Advertising fee for the Office of the Hearing Examiner: \$1,125.00**

Fire Code Plans Review Fees are collected at the time of application submission and those fees are set forth by the Authority having jurisdiction. The Land Development Code requires Neighborhood Notification mailers for Applications headed to hearing, and this fee is collected prior to hearing.

As the authorized agent/applicant for this petition, I attest that all of the information indicated on this checklist is included in this submittal package. I understand that failure to include all necessary submittal information may result in the delay of processing this petition.

All checks payable to: Board of County Commissioners.

The completed application, all required submittal materials, and fees shall be submitted to:

**Growth Management Department
 Planning and Regulation
 ATTN: Business Center
 2800 North Horseshoe Drive
 Naples, FL 34104**

 Agent/Owner Signature

 Date

D. Wayne Arnold, AICP, Agent for Continental 422 Fund LLC

 Applicant/Owner Name (please print)