



**CITY OF ST. CLOUD  
FINAL PLAT**

**ADDENDUM, REQUIREMENTS, AND CHECKLIST**

<b>FOR OFFICIAL USE ONLY</b>
Date Received: _____
Case #: _____

- SUBMITTAL CHECKLIST**
- DRC Application
  - DRC Processing  
Fee: See fee schedule \*Note: Resubmittal Fee (after 1 initial and 1 resubmittal for sign-off) is 50% of original fee
  - Notarized Agent Authorization Form
  - Certificate of Title
    - a. Original, executed within last 60 days
    - b. Legal Description must match plat, for recording
  - 1 Sealed Survey
  - 1 CD with COMBINED plan set in PDF format
  - Electronic copy of proposed Homeowners Association (Deed Restriction) documents
  - Boundary Survey and Closure Report
  - Surveyor Review fee: cost to City
  - Recordation fee: cost to City

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

Location: \_\_\_\_\_

Parcel ID(s): \_\_\_\_\_

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Future Land Use Designation: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Planned Unit Development (PUD) name, if associated: \_\_\_\_\_

<u>Access Roads</u> – Name(s)	Paved?	City or County maintained?

Site Statistics:

Acreeage: \_\_\_\_\_ Number of Tracts: \_\_\_\_\_

Number of Lots: \_\_\_\_\_ Minimum Lot Size: \_\_\_\_\_

How many miles of internal roadways are included in the subdivision? \_\_\_\_\_

Owner(s) of adjacent property: \_\_\_\_\_

**SEE PAGE 2 for:**

**GENERAL REQUIREMENTS  
and  
ADDITIONAL SUBMITTALS REQUIRED AFTER DRC REVIEW**

I certify that I have reviewed the Land Development Code and that my submission meets all requirements. The only exceptions are those items to which I am requesting variances to or waivers from certain sections of the code and understand that they must be listed on the plans individually and on the attached transmittal. I understand that if an item does need a variance, it will be necessary to file through the appropriate governing body.

_____ <b>APPLICANT/AGENT SIGNATURE</b>	_____ <b>APPLICANT/AGENT NAME and TITLE</b>	_____ <b>DATE</b>
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**GENERAL REQUIREMENTS**

- Sheet Size: 24"x36"
- Title, Legend & Location Block, to be located in the lower right corner of the sheet
- Location Sketch (oriented in same direction as lotting scheme) at approximately 1" = 2,000'
- Scale 1" = 100' for lots up to one acre, all other to sufficient scale to show details
- Section, Township and Range of the subdivision
- Legal Description
- North Arrow
- Name of adjacent subdivisions showing Plat Book and Page and Lotting Layout
- Legend defining all symbols and scale
- Location of all Permanent Reference Markers (PRMs) and Permanent Control Points (PCPs) in conformance with Florida Statutes
- Data Sufficient to readily determine and reproduce all lines
- Right of Way lines, widths and names of all streets and roads
- Radius, central angle and arc length of all curved streets and property lines
- Lot numbers and block designations
- Lot lines, bearings, and lot dimensions
- Location and width of canals and water ways
- Dedications, reservations and easements location, width and usage either graphically illustrated, incorporated by reference or shown in a note
- Certification blocks as required by Florida Statutes and this Land Development Code
- Boundary Survey and Closure Report

**CITY OF ST. CLOUD PLAT NOTES (if applicable)**

- CITY OF ST. CLOUD SHALL HAVE THE RIGHT BUT NOT THE OBLIGATION, TO ACCESS, MAINTAIN, REPAIR, REPLACE OR OTHERWISE CARE FOR OR CAUSE TO BE CARED FOR, STORMWATER TRACTS AND DRAINAGE EASEMENTS, INCLUDING, WITHOUT LIMITATION THE DRAINAGE SYSTEMS CONSTRUCTED THEREON. A BLANKET INGRESS/EGRESS EASEMENT IS GRANTED IN FAVOR OF CITY OF ST. CLOUD FOR SAID PURPOSE.
- ALL PLATTED UTILITY EASEMENTS SHALL ALSO BE EASEMENTS FOR THE CONSTRUCTION, INSTALLATION, MAINTENANCE AND OPERATION OF CABLE TELEVISION SERVICES; PROVIDED, HOWEVER, NO SUCH CONSTRUCTION, INSTALLATION, MAINTENANCE, AND OPERATION OF CABLE TELEVISION SERVICES SHALL INTERFERE WITH THE FACILITIES AND SERVICES OF AN ELECTRIC, TELEPHONE, GAS, OR OTHER PUBLIC UTILITY. IN THE EVENT A CABLE TELEVISION COMPANY DAMAGES THE FACILITIES OF A PUBLIC UTILITY, IT SHALL BE SOLELY RESPONSIBLE FOR THE DAMAGES. THIS SECTION SHALL NOT APPLY TO THOSE PRIVATE EASEMENTS GRANTED TO OR OBTAINED BY A PARTICULAR ELECTRIC, TELEPHONE, GAS OR OTHER PUBLIC UTILITY. SUCH CONSTRUCTION, INSTALLATION, MAINTENANCE, AND OPERATION SHALL COMPLY WITH THE NATIONAL ELECTRIC SAFETY CODE AS ADOPTED BY THE FLORIDA PUBLIC SERVICE COMMISSION.
- ALL SIDEWALKS AND LANDSCAPING ELEMENTS, INCLUDING TREES, WITHIN THE RIGHT OF WAYS AND COMMON AREAS IN THIS DEVELOPMENT AS REQUIRED BY THE CITY OF ST. CLOUD LAND DEVELOPMENT CODE SHALL BE MAINTAINED BY THE (PROPERTY OWNER/HOMEOWNERS ASSOCIATION) OR ITS SUCCESSORS OR ASSIGNS.

**REQUIRED prior to placement on City Council Agenda**

- Mylar of Plat
- Recordation fees

**REQUIRED prior to recording**

- Joinder Documents (if applicable)
- Original Certificate of Title, executed within the last 60 days
- Original letter from Osceola Tax Collector stating that all taxes have been paid
  - name must match name of plat
  - note: November 1<sup>st</sup> of each year property taxes are due for that year
- Original letter from Public Services stating that performance bond has been approved or improvements have been completed
  - name must match name of plat



**CITY OF ST. CLOUD  
DEVELOPMENT REVIEW  
APPLICATION**

**FOR OFFICIAL USE ONLY**

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

Case #: \_\_\_\_\_

Pre-Application meeting date: _____	Applicant/Agent did <u>not</u> participate in Pre-Application meeting
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Applicant: _____	Agent: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Email: _____	Email: _____

Legal Owner(s) of Property (List all recorded owners): \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Email: \_\_\_\_\_

Project Name/Plan Name: \_\_\_\_\_

Site Location/Address: \_\_\_\_\_

Project/Plan Type: \_\_\_\_\_

Area of Development (Acreage or Square Feet): \_\_\_\_\_

Parcel Identification Number(s) (List all): \_\_\_\_\_

Future Land Use: \_\_\_\_\_ Proposed Future Land Use: \_\_\_\_\_

Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Will proposed development be for: Short Term Rental?  YES  NO Vacation Villas?  YES  NO

Affordable Workforce Housing for Essential Service Personnel (AWHESP)?  YES  NO

Housing for Older Persons?  YES  NO

Is this proposed development in an Urban Infill or Redevelopment (CRA) Area?  YES  NO

Number of units or lots: SF \_\_\_\_\_ MF \_\_\_\_\_ MH \_\_\_\_\_

Number of commercial buildings: \_\_\_\_\_ Total square footage: \_\_\_\_\_

Phasing Schedule: To be completed by applicant for projected build out. (required, if applicable)								
Unit Type	2018	2019	2020	2021	2022	2023-2028	2028-2034	2035-beyond
SF								
MF								
MH								
Totals								

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