

PUD ZONING and PRELIMINARY MASTER PLAN REQUIREMENTS CHECKLIST

Required for Application Process

	Completed DRC Application for Review		
	 DRC Processing Fee - See fee schedule Resubmittal Fee - 50% of original fee 		
	Completed Developer's Commitment Agreement Form		
	Developer's Commitment Agreement fee - See fee schedule		
	Certificate of Title		
	Notarized Agent Authorization Form		
	Legal Description (in WORD format - CD or email to planning@stcloud.org) and SKETCH		
	 1 CD to include: COMBINED plan set in PDF format Accompanying narrative to address the 13 PUD requirements as specified in the Land Development Code 3.11.6 		
	 1 Copy of proposed Deed Restrictions (marked DRAFT) 		
	1 Sealed Survey		
	Responses to the 16 requirements as specified in the Land Development Code 3.4.3.C.2.a		
Requ	uired at a later date		
	 Affidavit of Sign Posting (due 15 days prior to public hearing) Applicant responsible for sign posting City will provide sign(s) when Public Hearing dates are scheduled 		

St. Cloud Planning & Zoning Department • 407-957-7255 • 407-957-7290 (fax)

GENERAL REQUIREMENTS per LDC Section 3.11.6 ☐ The evidence of unified control of the proposed PUD and the agreements required under subsection 6. hereof; ☐ A vicinity map showing the location of the proposed planned unit development, relationship to surrounding streets and thoroughfares, existing zoning on the site and surrounding areas, existing land use on the site and surrounding areas within 500 feet; ☐ A boundary survey and legal description of the property; ☐ A topographic survey including floodprone delineations; the most recent USGS Topographical Survey and USGS Flood Prone Mapping may be utilized; ☐ A soils survey, which may be based on the most recent county soils survey, drawn to the same scale as the preliminary land use plan, clearly identifying all soils types especially those areas which are apparently not suitable for buildings or major structures due to soils limitations; ☐ A master plan with topography which clearly identifies proposed land uses, open space, and the proposed location of major streets and thoroughfares, recreation areas, and other major facilities; ☐ A table showing acreage for each category of land use including roads, open space, and recreation, and a table of proposed maximum and average, gross and net residential densities for residential land uses; ☐ A proposed utility service concept plan, including existing electric gas utilities on and around the perimeter, sanitary sewers, storm drainage, potable water supply, and water supplies for fire protection, including a definitive statement regarding the disposal of sewage effluent and storm water drainage; A statement indicating that legal instruments will be created providing for the management of common areas and facilities; ☐ An analysis of the impact of the proposed planned unit development on roads, schools, utilities, and other public facilities and services; ☐ A preliminary zoning and land use classification description in sufficient detail to determine the general intent with respect to the following: a. The general purpose and character of the proposed development; b. Land use by acreage and densities; c. Structural concepts, including height and anticipated building type; d. Major landscaping concepts; e. Recreation and open space; f. Facilities commitments;

☐ A general indication of the perceived impact area for the commercial or industrial uses.

g. Housing types, price ranges, and staging;



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
Applicant:	Agent:
Contact:	Contact
Address:	Address:
Phone:	Phone:
Email:	Email:
Legal Owner(s) of Property (List all recorded of	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:	Description of Taning.
Affordable Workforce Ho	erm Rental?
Number of units or lots: SF	MF MH
Number of commercial buildings:	Total square footage:
Phasing Schedule: To be completed by application	ant for projected build out. (required, if applicable)
Unit Type 2018 2019 2020 SF	2021 2022 2023-2028 2028-2034 2035-beyond
MF	
MH	
Totals	
which I am requesting variances to or waivers from certa	de and that my submission meets all requirements. The only exceptions are those items to in sections of the code and understand that they must be listed on the plans individually and oes need a variance, it will be necessary to file through the appropriate governing body.

APPLICANT/AGENT SIGNATURE

APPLICANT/AGENT NAME and TITL

DATE



I, (print property owner name)	, as the owner of the
real property described as follows	do
hereby authorize to act as my agent (print agent's name)	, to
execute any petitions or other documents necessary to effect	the application approval requested and more
specifically described as follows,	, and to
appear on my behalf before any administrative or legislative	body in the City considering this application,
and to act in all respects as my agent in all matters pertaining	to the application.
Date: Signature of Property Owner	Print Name of Property Owner
STATE OF FLORIDA : COUNTY OF: The foregoing instrument was acknowledged before online notarization, this day of, 2	
who is personally known to me or has produced identification.	as
(Notary Stamp) My	Signature of Notary Public Commission Expires:
Legal Description(s) or Parcel ID(s) are required:	

DEVELOPER'S AGREEMENT COMMITMENT FORM

PROJECT NAME:	
The Applicant on behalf of itself and its success	sors, assigns and transferees of any nature whatsoeverorm and fully abide by the provisions, terms, condition
VITNESS my hand and official seal this da	ay of, 20
	WITNESSES:
Applicant Signature	Signature
rint name	Print name
	Signature
	Print name
STATE OF FLORIDA COUNTY OF	
I certify that the foregoing instrument v	was acknowledged before me this day
of, 20, by	He/she is personally
known to me or has producednot take an oath.	as identification and did/did
(Notary Stamp)	
	Signature of Notary Public
	Type/print name
	My Commission Expires: