



DEPARTMENT OF DEVELOPMENT SERVICES  
CITY PLANNING DIVISION

For Internal Use Only

Case \_\_\_\_\_

Date \_\_\_\_\_

Tel. (239) 574-0553

Fax (239) 574-0591

P.O. Box 150027

Cape Coral, FL 33915-0027

**REZONING APPLICATION**

**NOTE TO APPLICANT:** The completed application must be legible, and all items must be provided at the time of submission.

**REZONING REQUIREMENTS**

1. ☐ **Applicant's portion of request shall be typewritten, and signature notarized.**
  - All forms (Application, Acknowledgement Form, Authorization to Represent) must be signed by the property owner or the applicant. If the Authorized Representative is an attorney, the application and the Acknowledgement Form may be signed by the attorney and an Authorization to Represent Form is not required.
  - If there are any deed restrictions on the property, a copy of the restrictions will be required.
2. ☐ **Letter of intent stating the actual request and why the request is being made.**
3. ☐ **Certified survey done within past six (6) months MAY be required.**
4. ☐ **If the subject property is within 500 feet of any County properties, the applicant must provide a typewritten list of all affected property owners within the area. The list must be prepared in label format and contain the following information; name, address, city, and zip-code.**
5. ☐ **Please refer to Rezones Section 3.4.6. (page 7) for additional required documentation.**

**NOTE:** In addition to the application fee, all required advertising costs are to be paid by the applicant (ORD 39-03, Sec. 3.4.6.). Advertising costs will be billed and must be paid prior to hearing.

Following the approval of your request, the applicant shall be responsible for paying the City to electronically record the final signed Resolution or Ordinance with the Lee County Clerk of Court. Until this fee is paid, restrictions on the issuance of any City permits will remain on the affected property that will prevent the city from issuing any applicable building permits, site plans, certificates of use, or certificates of occupancy for any property covered by the Resolution or Ordinance.

It is required that applicant and/or representative attend both the hearing examiner and city council meetings.



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**REZONE REQUEST**

FEE \$2,050.00 first 3 acres plus \$220.00 each additional acre over 3 up to 20 acres; \$22.00 per acre over the first 20 acres. In addition to the application fee, all required advertising costs are to be paid by the applicant (ORD 39-03, Sec. 3.4.6). Advertising costs will be billed and must be paid prior to hearing.

***PROPERTY INFORMATION***

Location/Address \_\_\_\_\_

Strap Number \_\_\_\_\_ Unit \_\_\_\_\_ Block \_\_\_\_\_ Lot (s) \_\_\_\_\_

Plat Book \_\_\_\_\_ Page \_\_\_\_\_ Future Land Use \_\_\_\_\_

Current Zoning \_\_\_\_\_ Proposed Zoning \_\_\_\_\_

***PROPERTY OWNER (S) INFORMATION***

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

Phone \_\_\_\_\_ City \_\_\_\_\_

Email \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Phone \_\_\_\_\_ City \_\_\_\_\_

Email \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***APPLICANT INFORMATION (If different from owner)***

Applicant \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_

Email \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***AUTHORIZED REPRESENTATIVE INFORMATION (If Applicable)***

Representative \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_

Email \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



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If the owner does not own the property in his/her personal name, the owner must sign all applicable forms in his/her corporate capacity.

**(ALL SIGNATURE MUST BE NOTARIZED)**

The owner of this property, or the applicant agrees to conform to all applicable laws of the City of Cape Coral and to all applicable Federal, State, and County laws and certifies that all information supplied is correct to the best of their knowledge.

\_\_\_\_\_  
CORPORATION/COMPANY NAME (IF APPLICABLE)

\_\_\_\_\_  
OWNER'S NAME (TYPE OR PRINT)

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
OWNER'S NAME (TYPE OR PRINT)

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
APPLICANT NAME (TYPE OR PRINT)

\_\_\_\_\_  
APPLICANT SIGNATURE

I have read and understand the above instructions. Hearing date(s) will be confirmed when I receive a copy of the Notice of Public Hearing stipulating the day and time of any applicable hearings.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribe before me, by means of physical presence or online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me or produced \_\_\_\_\_ as identification.

Exp Date: \_\_\_\_\_ Commission Number: \_\_\_\_\_

NOTARY STAMP HERE

Signature of notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_



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**AUTHORIZATION TO REPRESENT PROPERTY OWNER(S)**

PLEASE BE ADVISED THAT \_\_\_\_\_  
(Name of person giving presentation)

IS AUTHORIZED TO REPRESENT ME IN THE REQUEST BEFORE THE HEARING EXAMINER  
AND CITY COUNCIL.

UNIT \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT(S) \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

OR LEGAL DESCRIPTION \_\_\_\_\_

LOCATED IN THE CITY OF CAPE CORAL, COUNTY OF LEE, FLORIDA.

\_\_\_\_\_  
PROPERTY OWNER (Please Print)

\_\_\_\_\_  
PROPERTY OWNER (Signature & title)

\_\_\_\_\_  
PROPERTY OWNER (Please Print)

\_\_\_\_\_  
PROPERTY OWNER (Signature & title)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribe before me, by means of physical presence or online  
notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20 by \_\_\_\_\_ who  
is personally known to me or produced \_\_\_\_\_ as identification.

Exp Date: \_\_\_\_\_ Commission Number: \_\_\_\_\_

NOTARY STAMP HERE

Signature of notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_

Note: Please list all owners. If a corporation, please supply the City Planning Division with a  
copy of corporation papers.



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**ACKNOWLEDGEMENT FORM**

I have read and understand the above instructions. Hearing date(s) will be confirmed when I receive a copy of the Notice of Public Hearing stipulating the day and time of any applicable hearings.

I acknowledge that I, or my representative, must attend any applicable meetings scheduled for the Hearing Examiner and City Council.

I will have the opportunity at the hearing to present information pertaining to my request that may not be included in my application.

I understand any decision rendered by the CITY shall be subject to a thirty (30) day appeal period. Any work performed within the thirty (30) day time frame or during the APPEAL process will be completed at the applicant's risk.

I understand I am responsible for all fees, including advertising and recording costs. All fees are to be submitted to the City of Cape Coral with the application.

By submitting this application, I acknowledge and agree that I am authorizing the City of Cape Coral to inspect the subject property and to gain access to the subject property for inspection purposes reasonably related to this application and/or the permit for which I am applying.

I hereby acknowledge that I have read and understood the above affidavit on the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
CORPORATION/COMPANY NAME

\_\_\_\_\_  
OWNER'S NAME (TYPE or PRINT)

\_\_\_\_\_  
OWNER'S SIGNATURE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribe before me, by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_ who is personally known to me or produced \_\_\_\_\_ as identification.

Exp Date: \_\_\_\_\_ Commission Number: \_\_\_\_\_

NOTARY STAMP HERE

Signature of notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_



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**DOCUMENTARY EVIDENCE (LDC, Section 3.1.11F.6)**

A copy of all documentary evidence shall be made available to the decision-making body or the Hearing Examiner and to staff no later than three business days prior to the hearing of the application. This requirement includes information that the applicant intends to present at public hearing.

I have read the above requirement and agree to comply with this provision.

\_\_\_\_\_  
OWNER/APPLICANT  
(PLEASE TYPE OR PRINT)

\_\_\_\_\_  
OWNER/APPLICANT SIGNATURE

**(SIGNATURE MUST BE NOTARIZED)**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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Exp Date: \_\_\_\_\_ Commission Number: \_\_\_\_\_

NOTARY STAMP  
HERE

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_



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**REZONES REGULATIONS**

- A. Manner of Initiation. Applications for a change in zoning may be initiated in the following manner:
1. The City Council upon its own motion;
  2. The Planning and Zoning Commission upon its own motion;
  3. The property owner(s) of at least fifty-one percent of the land in the proposed rezone area;
  4. The City Manager for a City initiated rezone; or
  5. The Community Development Department, following approval of a similar use determination.
- B. Review Criteria. An application for a rezone shall be reviewed in accordance with the following criteria:
1. Whether the proposed zoning district proposed is consistent with the City Comprehensive Plan;
  2. Whether the full range of uses allowed in the proposed zoning district will be compatible with existing uses in the area under consideration;
  3. Whether the range of uses allowed in the proposed zoning district will be compatible with existing and potential uses in the area under consideration;
  4. Whether the proposed zoning district will serve a community need or broader public purpose;
  5. The characteristics of the proposed rezone area are suitable for the uses permitted in the proposed zoning district; and
  6. Whether a zoning district other than the district requested will create fewer potential adverse impacts to existing uses in the surrounding area.
- C. Effective date of approval. A rezone shall take effect upon City Council adoption of the ordinance approving the rezone.
- D. New application after denial. No application for a rezone which has been previously denied by the City Council shall be accepted for at least one year after the date of denial. An application to rezone property to a designation that is different than the designation which was denied by the City Council, will be accepted and considered without consideration of time since the previous application was denied.