



VESTED RIGHTS DETERMINATION

[Land Development Code Section 2-506.E.]

A property owner may apply for a Village determination that it has vested rights for development of its property based on a prior approval.

A pre-application conference is required, along with application form and filing fee.

Case Number: _____
Project Name: _____

PART 1. OWNER/APPLICANT INFORMATION

1. Name of Property Owner _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
2. Name of Agent or Representative _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

PART 2. SUBJECT OF VESTED RIGHTS DETERMINATION

1. Date of pre-application conference _____
2. Current zoning _____
3. List all zoning resolutions, DRI development orders, and other local development orders applicable to the project. _____
4. Written narrative: Provide a written narrative explaining why the applicant believes it has vested rights based on a prior approval such that it is not required to comply with a particular requirement of the LDC. Explain the nature and extent of vested rights. Attach all pertinent documents. Please attach a separate sheet and label as **Written Narrative: Vested Rights Determination**.

**PART 3.
SITE SPECIFIC INFORMATION**

1. Owner of Property _____
2. STRAP No of Subject Property _____
3. Street Address of Subject Property _____
4. Legal Description of Property _____

**PART 4.
CERTIFICATION**

I, _____, being first duly sworn, depose and say that the answers, attachments, and exhibits included herewith as part of this application are accurate and true to the best of my knowledge and belief.

Signature of Owner _____
Date

Name and Title (typed or printed legibly)

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization this _____ day of _____, _____, by _____ (name of person making acknowledgement) as _____ (type of authority, e.g., officer, manager, trustee) for _____ (Owner).

Signature of Notary Public

Name of Notary (typed, printed or stamped)

[NOTARY SEAL]

Personally known _____ OR produced identification
Type of Identification Produced _____

SUBMITTAL REQUIREMENT CHECKLIST <i>Clearly label your attachments as noted in bold below.</i>
<i>Please provide 1 collated paper copy and 1 CD or thumb drive of all submitted information.</i>
Completed Application
Filing Fee
Written Narrative: Vested Rights Determination
Affidavit of Authorization
Legal Description
Previous Zoning or DRI Actions (if applicable)
Development Order Numbers (if applicable)