CITY OF SANIBEL
Planning Department

INFORMATION ONLY RECORD

STAFF USE ONLY

APPLICATION No: _____ FILING DATE: _____ ACCEPTED BY: _____ FEE: ___Ø___

PART I. PARCEL IDENTIFICATION

TAX STRAP NUMBER: ___ ___ **- 46 -** ___ ___ **- T** ___ **-** ____ ____ ____ ____ ____ **.** ____ ___ ___ ___

STREET ADDRESS OF PROPERTY: _____

PART II. OWNER & APPLICANT INFORMATION

NAME OF OWNER: _____

Owner's Mailing Address: _____

Owner's Phone No: _____Business_____Fax_____

Owner's Email Address: _____

NAME OF APPLICANT: _____

Applicant's Address: _____

Applicant's Phone No: _____Business_____Fax_____

Applicant's Email Address: _____

PART III. PROVIDE A BRIEF DESCRIPTION OF THE PROPOSED DEVELOPMENT

_____

_____

_____

_____

SIGNATURE OF OWNER / OWNER'S AUTHORIZED REPRESENTATIVE **DATE**

NOTE TO OWNER/APPLICANT: The proposed development may be subject to private deed restrictions or covenants. It is the applicant's responsibility to verify with the appropriate property owners association whether the proposed development complies with the applicable deed restrictions or covenants. **The City does not enforce deed restrictions or act as an arbitrator between the applicant and the association.**