

# City of Punta Gorda, Florida



**ZONING & CODE COMPLIANCE**

326 West Marion Avenue  
 Punta Gorda, Florida 33950  
 941-575-3352 Telephone  
 941-575-3310 Fax  
[zoning@pgorda.us](mailto:zoning@pgorda.us)  
[pgcode@pgorda.us](mailto:pgcode@pgorda.us)

## OCCUPATION OF EASEMENT APPLICATION

Application Fee: <b>\$750</b>	Date Received:	File #:
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Type of Occupation:     Street     Alley     Easement     Plat     Right-of-Way

<b>Office use only:</b>			
Ad Date	DRC	Planning	City Council

**Application and all pertinent required data (listed below) MUST be submitted with this application**

<input type="checkbox"/> ORIGINAL application with Signed & Notarized Occupation of Easement application and/or Affidavit Authorization for Agent (if applicable)	<input type="checkbox"/> Survey of the property (Signed & Sealed) <ul style="list-style-type: none"> <li>Date of Survey? _____ (not more than 12 months prior to application)</li> <li>Specific legal description of requested occupation</li> </ul>
<input type="checkbox"/> A copy of the deed or other evidence of ownership	<input type="checkbox"/> To scale plot plan showing specific type of occupation (i.e. permanent improvement, maintenance agreement, etc.)
<input type="checkbox"/> Digital Text file of metes and bounds description of Property	

**In order that this application be processed in a timely fashion, the correct and complete information is necessary. It is suggested that the applicant bring the application to the Zoning & Code Compliance Division, 126 Harvey St., Punta Gorda, Florida 33950, where it can be reviewed by the staff prior to filing. The Zoning & Code Compliance Division accepts no responsibility for the completeness or accuracy of the application. Errors in the filed application may result in delays with respect to required public hearings. All data and exhibits submitted in connection with the filing of this application become a permanent part of the public record**

**IMPORTANT: The applicant or his representative MUST be present at the hearing. There will be a fee of \$500.00 for a Voluntary Continuance (a request by the applicant to continue a petition before the appropriate board or council, or by the failure of the applicant to attend or be represented at the appropriate meeting).**

**1. Applicant**

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

Address:	City:	State:	Zip:
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Phone: \_\_\_\_\_      Email address: \_\_\_\_\_

**2. Owner(s) of Record**

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

Address:	City:	State:	Zip:
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Phone: \_\_\_\_\_      Email address: \_\_\_\_\_

**3. Authorized Agent – (if applicable – Property Owner must sign AGENT Affidavit below)**

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

Address:	City:	State:	Zip:
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Phone: \_\_\_\_\_      Email address: \_\_\_\_\_

**4. Legal Description of Property (Attach separate sheet if necessary)**

Parcel ID /Account #	Lot #	Block#	Section	Total Sq. Feet	Total Acres

**5. Detail narrative describing reason/purpose of Occupation (use additional sheet as necessary)**

I, the undersigned, being first duly sworn, testify and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of all of the property described and which is the subject matter of the proposed hearing; that all answers to the questions in this application, and all sketches, data and other supplementary material attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the hearing can be advertised, and that I am authorized to sign the application by the owner or owners.

**AFFIDAVIT**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
My commission Expires

(Seal)

**AGENT AFFIDAVIT (Property Owner to complete ONLY if applicable)**

I/We \_\_\_\_\_, property owner(s), hereby authorize \_\_\_\_\_ to act as **Agent** on our behalf regarding a OCCUPATION OF EASEMENT APPLICATION on the property commonly known as \_\_\_\_\_ in Punta Gorda, Florida.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Print Name of Property Owner

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
My commission Expires

(Seal)