

If you have a disability and the format of this document interferes with your ability to access some information, please contact us at (239) 444-6150 during regular business hours (8:00am-5:00pm, Monday-Friday), and we'll gladly assist.

CITY OF BONITA SPRINGS

Community Development Department
9220 Bonita Beach Road, Ste. 111
Bonita Springs, FL 34135
Phone: (239) 444-6150
email: permitting@cityofbonitaspringscd.org

PRE-APPLICATION MEETING REQUEST

Informal pre-application meetings are available with staff to discuss the process in detail and to discuss any questions with regards to a rezoning case, development order, or assistance with a building permit (that requires zoning, development services, Florida Building Code, or National Fire Resource Protection Association code assistance). Applicants are encouraged to schedule an informal meeting with Community Development staff members to discuss details of the proposed project and to obtain general guidance on the application process.

Applicants will be advised of the date and time of their appointment. Meetings are held virtually but may be held in-person subject to staff availability. Please be advised that these meetings are scheduled on Tuesdays and Thursdays only. Should you have any questions concerning this form contact Community Development at 239-444-6150 or permitting@cityofbonitaspringscd.org.

Please check all areas of interest that apply:

- | | |
|--|---|
| <input type="checkbox"/> Planning and Zoning | <input type="checkbox"/> Development Services (Site Planning) |
| <input type="checkbox"/> Subdivision Plats and Lot Recombination | <input type="checkbox"/> Building Code and Permitting |
| <input type="checkbox"/> Fire Code and Permitting | <input type="checkbox"/> Water/Sewer Service (Bonita Springs Utilities) |
| <input type="checkbox"/> Economic Development Incentives | <input type="checkbox"/> Other: _____ |

FIELDS MARKED WITH AN ASTERISK (*) ARE REQUIRED.

Applicant/Agent Name*: _____ Company*: _____

Phone*: _____ Email*: _____

Property Owner's Name*: _____

Name of Project*: _____

Project Address*: _____

Type of Project*: _____

STRAP Number*: _____ Acreage*: _____

Development Order/Zoning Ordinance Number(s) (if any): _____

Current Future Land Use Classification*: _____ Current Zoning*: _____

Provide a detailed explanation of your request for an informal meeting, including the type of action you are seeking (e.g., Zoning, Development Order, etc.). Describe what you plan to do and list any questions you would like staff to address or prepare for. You may attach additional pages if needed.