



SITE DEVELOPMENT PLAN (SDP) APPLICATION

Project Name: _____

City Project #: _____ City Permit #: _____

CONTACT INFORMATION

Name of Owner : _____
Address _____
Phone ____-____-____ E-Mail _____
Name of Engineer: _____
Address _____
Phone ____-____-____ E-Mail _____

PROPERTY INFORMATION

Strap Number of Parcel(s): _____
Property Address (current): _____

PROJECT DATA

Project Use: Medical____, Restaurant____, Retail____, Office____, Mixed
Use____, Parking Lot____, Condo/Multi Family____
Gross Floor Area _____s.f.
Building Height: _____feet
No. Prop Park Spaces _____spaces
Green Area: _____s.f.
Number of Acres: _____acres
Peak Hour Trips: _____trips
Fire Suppress Meter: _____inches
Reuse Meter: _____inches
Potable DOM Meter: _____inches
Protectus III M.M.: _____inches

I, _____, as the duly authorized representative, agree to conform to all applicable laws of the City of Cape Coral and to all applicable Federal, State and County laws, and certify that all information supplied is true and correct to the best of my knowledge.

In addition, I understand that upon completion of construction and prior to the issuance of the Certificate of Occupancy for this development; the engineer of record must supply the Development Services Group with the required project close out documents, record drawings and a letter of Substantial Compliance for the project.

I have read and acknowledge the above statement.

Signature of authorized representative

Date

Typed or printed name