



**TOWN OF HOWEY-IN-THE-HILLS, FLORIDA**  
**GENERAL LAND DEVELOPMENT APPLICATION**

101 N. Palm Avenue, Howey-in-the-Hills, Florida 34737  
Phone: (352) 324-2290 • Fax: (352) 324-2126

Date Received:                      Application ID:                      Received By:

**REQUESTED ACTION**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Comp Plan Amendment        | <input type="checkbox"/> Variance          | <input type="checkbox"/> Site Plan (check one below)   |
| <input checked="" type="checkbox"/> PUD             | <input type="checkbox"/> Rezoning          | <input type="checkbox"/> Preliminary                   |
| <input type="checkbox"/> Conditional Use            | <input type="checkbox"/> Subdivision Minor | <input type="checkbox"/> Final                         |
| <input type="checkbox"/> Land Development Code Text | <input type="checkbox"/> Other             | <input type="checkbox"/> Subdivision (check one below) |
|   |  | <input type="checkbox"/> Preliminary Subdivision       |
|   |  | <input type="checkbox"/> Final Subdivision             |
|   |  | <input type="checkbox"/> Final Plat                    |

Describe Request: PUD Major Amendment to Modify Boulevard Typical Section

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Owner       Agent for Owner       Attorney for Owner

**OWNER INFORMATION:**

Name: HOWEY IN THE HILLS LTD E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_ C/O EASTON & ASSOC Phone: 786-437-5806  
                  \_\_\_\_\_ 10165 NW 19TH ST Fax: \_\_\_\_\_  
                  MIAMI FL 33172

**PROPERTY INFORMATION:**

Address: \_\_\_\_\_

General Location: SOUTH OF #2 ROAD, NORTH OF SR19

Current Zoning: PUD

Current Land Use: VMU

Parcel Size: 375.2 AC +/-

Tax Parcel #: ATTACHED

Legal Description Attached  Yes  No

Survey Attached  Yes  No

Pre-Application Meeting Date: ATTACHED

*(Attach Pre-Application Form)*

Application Fee: \$ 3,000

Applicant's Signature: \_\_\_\_\_ 8/26/22  
*(Signature)* *(Date)*

Rob Bonin  
*(Print)*

Owner's Signature: \_\_\_\_\_  
*(Provide letter of Authorization)* *(Signature)* *(Date)*

\_\_\_\_\_  
*(Print)*

**Applications must be complete to initiate the review process.**