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## **COMPREHENSIVE PLAN AMENDMENT PETITION**

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Date Received: 10/10/2024 File No.		ile No. CF	PA-200	
Petitioner: L8, LLC c/o Scott Lyo	ns			
Address: 15930 GLENISLE WAY FORT MYERS, FL 3391:	2			
Telephone: (239) 340-0993	Fax:		Email:scott@tomahav	vkconstruction.com
Agent for Petitioner: Same as App	plicant			
Address: Same as Applicant				
Telephone:	Fax:		Email:	
Address/Location of Subject Prope	erty: East of SR 80; South	of Helms F	Road; west of SR 29	
STRAP Number of Subject Proper	tv: Multiple - See Attached	j		
Legal Description: See Attached	-7			
				-
	Total Acreage of Amend	ment Ci	urrent Use of	
Total Property Acreage: 5,200 AC		1	roperty: Agriculture	
Existing Future Land Use Designa	tion:South LaBelle Comm	unity		
Requested Future Land Use Desig	gnation: South LaBelle C	ommunity		
Existing Zoning Designation: AG; F	PUD			

The applicant is of the opinion that the proposed land us referenced property and finds that the request is consistent policies (identify the Comprehensive Plan policies and in consistent with these policies):  Policies: See attached narrative	ent with the following Comprehensive Plan			
Signature of Owner:	Signature of Petitioner:			
Signature of Owner.	olginatare of Females.			
	Printed Name			
Printed Name	Printed Name			
Scott Lyons				
Date:	Date:			
10/9/2024				
Signature of Equitable Owner (if applicable)(attach add'l. sheet if necessary):				
Printed Name	Date:			

NOTE: IF THE PETITIONER WISHES TO BE REPRESENTED BY AN AGENT, THE POWER OF ATTORNEY ON THE FOLLOWING PAGE <u>MUST</u> BE PROPERLY EXECUTED. IF DRAWINGS PREPARED BY AN ARCHITECTURAL, ENGINEERING OR OTHER FIRM ARE SUBMITTED, THE FIRM <u>MUST</u> EXECUTE THE ATTACHED PERMISSION TO REPRODUCE.

## CONFIRMATION OF OWNERSHIP BY OWNER; AND AUTHORIZATION FOR AGENT OR PETITIONER (WHEN A DIFFERENT ENTITY)

The undersigned do hereby swear or affirm that they are the fee simple title holders and owners of the record of property commonly known as South LaBelle Community and legally described in Exhibit A attached hereto. The property described herein is the subject of a Comprehensive Plan Amendment. We hereby as the legal representative of the property in the Scott Lyons course of seeking approval of this application. This representative will remain the only entity to authorize development activity until such time as anew or amended authorization is delivered to the City. Owner Signature Scott Lyons Printed Name L8, LLC Name of owner entity if a corporation, L.L.C., partnership, trust Manager Representative capacity of person signing: President or Vice President of Corporation, Managing Member of L.L.C., General Partner, Trustee Address of Owner STATE OF FLORIDA COUNTY OF Lee Sworn to (or affirmed) and subscribed before me this \_\_\_\_ < day of obe, 2004, by Scott Lyons ) capacity if applicable who is personally known to me or produced as identification. Notary Public Notary Public - State of Florida My commission expires



## AFFIDAVIT OF OWNERSHIP, DELEGATION OF AUTHORITY TO REPRESENT, LIMITED POWER OF ATTORNEY, AND AUTHORITY TO REPRODUCE

I, Scott Lyons that I am the fee simple tit of the real property describ	, the undersigned do hereby swear, affirm and certify le holder/owner or authorized representative of the fee simple title holder/owner oed in Exhibit "A" attached hereto and incorporated herein, "the owner".
Further, I do hereby swear sketches, data or other su and true to the best of my	r, affirm and certify that all answers to the questions in this application and any pplementary matter attached to and made a part of this application, are honest knowledge and belief.
in all: City of LaBelle staff	as my true and lawful attorney, for the meetings; correspondence; conversations; and, at all public meetings with application in my name, place and stead.
Further I, as owner of the reproduce all or a portion of	real property described herein, do hereby grant the City of LaBelle permission to of all plans, drawings, etc., submitted in connection with the foregoing petition.
Executed this day	of,
	Date: 10/24/24
S	ignature of owner or authorized agent
	Scott Lyons
_ D	rint or type name of person signing above
r	Till of type fiame of person signing above
	8, LLC
	ame of owner/agent entity if a corporation, L.L.C., partnership, r trust
	Manager Representative capacity of person signing Affidavit:
P	resident of Vice President of Corporation
M	lanaging Member of L.L.C.
	General Partner
STATE OF FLORIDA )	rustee
)	
COUNTY OF Lee	)
October ,	instrument was acknowledged before me this day of who is personally known
to me or who has produ	
who did not take an oath.	0
	Notary Public
	Heagan M. Sprague
and the same of th	Print or type name
MEAGAN M. SPRAGU	My Commission Expires: +ch. 10, 3 636
Commission # HH 227 Expires February 10, 2	
while tong and to 2	Signature
	Title:
	Date: