



**CITY OF NORTH PORT**  
Neighborhood Development Services  
Planning Division  
4970 City Hall Boulevard  
North Port, FL 34286-4100  
www.cityofnorthport.com  
Phone (941) 429-7156

DATE RECEIVED – DATE STAMP  
CITY OF NORTH PORT  
PLANNING  
~~10/22/19~~ 2019  
OCT 30  
RECEIVED

**SPECIAL EXCEPTION APPLICATION**

Upon making any application to the City for any reason, the applicant agrees to comply with all the requirements of the Unified Land Development Code and further agrees to allow authorized city staff and personnel to enter and inspect the property during normal business hours

The City Commission may approve Special Exceptions, subject to appropriate safeguards. When appropriate, the City Commission may waive or modify special regulations contained in the Unified Land Development Code on a case-by-case basis, to ensure that the special exception will promote the public health, safety, welfare, morals, order, comfort, convenience, appearance, prosperity or the general welfare.

*Rec'd okay to process 11/1/19*

Date Application Received: 10/30/19 Accepted by: AC/CB/DM Project No: SPX-19-269

*Above to Be Completed by Planning Staff* P.P. AC

Project Name: 7-Eleven Full-service Convenience Store

Name of Applicant: Jeffery A. Boone, Esq.

Name of Corporation/LLC (If Applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Property Owner: (if different from the applicant above) Weedon North Port LLC

Street Address: 5300 W Cypress St STE 200

City: Tampa State: FL Zip Code: 33607-1757

Phone: \_\_\_\_\_ FAX No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Architect: (If Applicable) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Engineer: (If Applicable) Matthew S. Gillespie, PE

Street Address: 189 S. Orange Avenue, STE 1000  
City: Orlando State: FL Zip Code: 32801  
Phone: 407-898-1511 FAX No. \_\_\_\_\_ E-mail: matthew.gillespie@kimley-horn.com

Name of Attorney: (If Applicable) Jeffery A. Boone, Esq.  
Street Address: 1001 Avenida Del Circo  
City: Venice State: FL Zip Code: 34285  
Phone: 941-488-6716 FAX No. 941-488-7079 E-mail: jboone@boone-law.com

Name of Surveyor: (If Applicable) \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Contractor: (If Applicable) \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX No. \_\_\_\_\_ E-mail: \_\_\_\_\_

**Property Description:** (Please list additional PID's on a separate sheet of paper) (Information can be found at <http://www.sc-pa.com/testsearch/>)  
Parcel I.D. No(s): 1. 0981 - 04 - 1212 2. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Legal: Lot(s): \_\_\_\_\_ Block: 412 Addition: 9TH Tract or Parcel: G  
Subdivision: Port Charlotte  
Section: 23 Township: 39S Range: 21E Acreage: 4.15  
Street Address: 2900 W Price Boulevard, North Port, FL 34286

**Purpose of Application:** Please briefly state what the intended use of the property will be or why you are making this application (e.g. general project description).  
The applicant desires to use the property for a full-service convenience store. The special exception fuel pump use will  
allow the property to fully serve the needs of the community as a full service convenience store.

**Has this property undergone previous City development review and approval?**  
No:  Yes: \_\_\_\_\_ If yes, when? (Month/Date/Year) \_\_\_\_\_

Existing land use (e.g., house, commercial structure, vacant): vacant

**Surrounding existing land uses/zoning of adjacent properties:**

North: Single-family residential / Residential Single Family 2

South: Commerical / Neighborhood Commercial - High Intensity

East: Vacant / Neighborhood Commercial - High Intensity

West: Single-family residential / Residential Single Family 2

Adopted Future Land Use Map Designation: Commercial

Adopted Zoning Map Designation: Neighborhood Commercial - High Intensity

Is the property located in an Activity Center or Town Center? Yes  No  If yes, please indicate which one \_\_\_\_\_

**Provide the following information relative to the proposed development: (Answer all that apply)**

- 4.15 Total acres
- 0 Total wetland acres
- 1.91 Total commercial acres 4,433 Total building square footage of commercial use
- 0 Total residential acres 0 Total number of residential units
- 0 Total government acres 0 Total building square footage of government use
- 0 Total industrial acres 0 Total building square footage of industrial use
- 0 Total park acres
- 1 Total number of lots (1 existing lot to be split into 2 individual lots)
- 2 Total number of buildings Type text here
- 0.05 Floor area ratio or dwelling units / acre
- 5% Percentage of lot coverage by buildings
- +/- 30 Building height measured in feet
- +/- 293.5' Minimum depth of property
- +/- 284' Minimum width of property
- 1.14 acres Total maximum surface area of all impervious surfaces
- 59% Percentage of lot coverage of all impervious surfaces
- 18 Number of off-street parking spaces
- 1 Number of handicapped parking spaces
- N Drive-thru access (please check if applicable)
- 41% Percentage of acres devoted to open space and storm water requirements

**FIRE & RESCUE:**

Nearest Fire Hydrant: +/- 342 (feet)

**TRAFFIC:**

List the Roadways immediately serving the site:

W Price Boulevard \_\_\_\_\_

N Cranberry Boulevard \_\_\_\_\_

Nearest: Traffic Control Light: +/- 353 (feet) Stop Sign: +/- 353 (feet)

**UTILITIES:**

How will Potable Water service be provided? Please contact North Port Utilities (941) 240-8000.

\_\_\_\_ Private Well (Submit a letter or application from the Sarasota County Department of Health.)

North Port Utilities (Please provide a letter from the service provider stating that the proposed development is within their service area and that they have adequate capacity to serve the proposed development.)

How will Sanitary Sewer service be provided? Please contact North Port Utilities (941) 240-8000.

\_\_\_\_ Private Septic System (If property is located in the Conservation Restricted Overlay Zone a class 1 aerobic water treatment system is required for single family home sites. Submit a letter or application the Sarasota County Department of Health.)

North Port Utilities (Please provide a letter from the service provider stating that the proposed development is within their service area and that they have adequate capacity to serve the proposed development.)

**STORMWATER:** Please contact the City Stormwater Manager/Environmentalist at (941) 240-8321.

(Flood Information can be found at <http://www.cityofnorthport.com> Search: Flood Update)

Is the application site in a FEMA Hazardous Flood Zone? No:  Yes: \_\_\_\_\_  
If yes, what zone? \_\_\_\_\_

Is the application site in the Conservation Restricted Zone? No:  Yes: \_\_\_\_\_  
If yes, what zone? \_\_\_\_\_

Is the application site in the Big Slough Watershed Flood Zone? No:  Yes: \_\_\_\_\_  
If yes, what is the 100-year 1-day flood elevation? \_\_\_\_\_ ft. NGVD

Does the application site contain wetlands? Yes \_\_\_\_\_ No  If yes, existing wetland acres: \_\_\_\_\_

Has the Department of Environmental Protection been notified of wetlands? Yes \_\_\_\_\_ No

Is the property located in the Myakka River Protection Zone? No:  Yes: \_\_\_\_\_

Is the property adjacent to the Myakka River jurisdictional wetlands? No:  Yes: \_\_\_\_\_

(If yes, please provide acreage and map of the area and schedule a meeting with City Stormwater Manager/Environmentalist.)

**ENVIRONMENTAL:**

Are there any known Historical or Archaeological sites on the property?

(If unsure, please contact Sarasota County – Division of Historical Resources, (941) 316-1115.)

No:  Yes: \_\_\_\_\_ Please describe: \_\_\_\_\_

Has an Environmental Assessment Report/Review been prepared for this property?

No \_\_\_\_\_ Yes  Date survey was conducted: 8/22/19

Does the property contain gopher tortoise burrows, scrub jay habit, or any plant or animal species listed as "rare", "threatened", "endangered", or "species of special concern" by State and /or Federal agencies? If yes, the applicant will be required to produce documents on how listed species or habitats will be protected or managed at the Site Development stage.

No:  Yes:  Please indicate which ones: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*All of the information provided on this application is true and correct to the best of my knowledge.

  
\_\_\_\_\_  
Signature of Applicant

10/24/19  
\_\_\_\_\_  
Date

Jeffery A. Boone  
\_\_\_\_\_  
Print Applicant Name

**AFFIDAVIT**

I (the undersigned), Jeffery A. Boone, Esq. being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) 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 matter attached to and made a part of the application are honest and true to the best of my (our) 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. I (we) authorize City staff to visit the site as necessary for proper review of this petition. If there are any special conditions such as locked gates, restricted hours, guard dogs, etc., please provide the name and telephone number of the individual who can allow access.

Sworn and subscribed before me this 8<sup>th</sup> day of OCTOBER, 2019

[Signature]  
Signature of Applicant or Authorized Agent

JEFFERY A. BOONE, AGENT  
Print Name and Title

STATE OF FLORIDA COUNTY OF SARASOTA

The foregoing instrument was acknowledged by me this 8<sup>th</sup> day of OCTOBER, 2019, by Jeff Boone who is personally known to me or has produced NA as identification, and who

did/did not take an oath.  
[Signature]  
Signature - Notary Public



**AFFIDAVIT  
AUTHORIZATION FOR AGENT/APPLICANT**

I (we), VP of GENERAL PARTNER, property owner(s), hereby authorize Jeffery A. Boone, Esq. to act as Agent/Applicant on our behalf

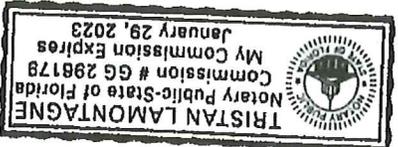
to apply for this petition on the property described as (legal description) Tract G, Blk 412, 9th Addition to Port Charlotte Subdivis on

[Signature] Signature of Owner Date 10-14-19

STATE OF Florida COUNTY OF Hillsborough

The foregoing instrument was acknowledged by me this 14 day of October, 2019, by Mark Scambler who is personally known to me or has produced personally known as identification, and who did

not take an oath.  
[Signature]  
Signature - Notary Public



## Checklist of Required Submittal Items:

### SPECIAL EXCEPTION

Please collate seven (7) packets of each of the following for distribution to reviewers:

- Exhibit A: Project Narrative** (Narrative shall include responses to Sec 53-259. A.(3)(a-p) of the Unified Land Development Code)
- Exhibit B: Area Map**
- Exhibit C: Boundary survey** (A legal description and boundary survey signed and sealed by a registered land surveyor in the State of Florida.)
- Exhibit D- Title Assurance/ Current Deed**
- Exhibit E- Articles of Corporation/Articles of Organization** (If Corporation or LLC is applicable)
- Exhibit F: Development Master Plan**
- Exhibit G- Signs and Lighting Plan**
- Exhibit H- Landscaping (Screening & Buffering) & Tree Protection Plan**
- Exhibit I: Certification of payment of taxes and assessments**
- Exhibit J: Utilities availability letter**
- Exhibit K: Traffic Impact Statement**
- Digital files:** The entire submittal package in PDF format on a CD. Also, please submit all project related spatial information in either CAD .dwg , GIS Shapefile or File Geodatabase format on the disk as well. The data must have coordinates in at least 4 corners of the petition area. The Coordinate system must be: A Projected Coordinate System, State Plane, NAD 1983 StatePlane Florida West FIPS 0902 (US Feet).



# CITY OF NORTH PORT

## Special Exception

### Fee Sheet

Property Location (Address): 2900 W Price Boulevard, North Port, FL 34286

PID(s) #: 0981041212

#### Special Exception Calculation

Fees	Additional Fees	Total
\$2,500	\$11 per acre 1.91 acres	\$21.01
<b>TOTAL</b>		<b>\$2,521.01</b>

-All fees should be made payable to the City of North Port. Fees must be paid prior to the processing of the submittal.

-Other billable fees will be assessed and will be required to be paid by the applicant as stated on the billable fee agreement.

Please contact Planning Staff if you have any questions, 941.429.7156

**BILLABLE FEE PAYMENT AGREEMENT**

I/WE agree to pay all the costs associated with processing this application petition. Payment is due within 30 days of receipt of an invoice, and all processing of the petition will stop if payments are not made within 10 days.

Name(s): Creighton companies, LLC

Billing Address: 900 SW Pine Island rd, Cape Coral, FL 33991

Contact Number: 239-210-0400

Contact E-mail: MORTIZ@CREIGHTONDEV.COM

I understand and agree to the conditions outlined in this agreement, and certify that all the information provided is correct.

Signature: [Signature]

Witness: [Signature]

Print Name: Brent Evans

Print Name: Michelle Ortiz

Date: 10/8/19

Date: 10/8/19

Applicants are billed for Legal Advertisement costs and actual postage costs for Adjacent Property Owner notifications. Fees will vary based on size of advertisement selected by the local newspaper, and amount of property owners to be notified.

To be filled out by Planning Staff  
Petition Number: \_\_\_\_\_