## **CITY OF LABELLE**



## **AGENDA**

### Local Planning Agency Meeting Thursday, December 12, 2024, at 5:30 PM

LaBelle Commission Chambers 481 West Hickpochee Ave LaBelle, FL 33975

#### **CITY COMMISSION:**

Julie C. Wilkins., Mayor Daniel Akin, Commissioner Jackie Ratica, Commissioner Bobbie Spratt, Commissioner Hugo Vargas, Commissioner

#### **ADMINISTRATION:**

Tijauna Warner, BAS, MMC, Deputy City Clerk Derek Rooney, Esq., City Attorney Mitchell Wills, Superintendent PW

### **Agenda**

- 1. Call to Order
- 2. Invocation and Pledge of Allegiance
- 3. Roll Call
- 4. New Business
  - A. Direction of Review of South LaBelle Village Amendment
- 5. Adjournment

#### **Meeting Records Request**

Any person requesting the appeal of a decision of the Planning Agency will require a verbatim record of the proceedings and for that purpose will need to ensure that such verbatim record is made. Pursuant to FS. 286.0105, the record must include the testimony and evidence upon which the appeal is to be based. The City of LaBelle does not prepare or provide such verbatim record.

#### **Americans with Disabilities Act**

In accordance with the provisions of the Americans with Disabilities Act (ADA), this document can be made available in an alternate format upon request. Special accommodations can be provided upon request with five (5) days advance notice of any meeting, by contacting Deputy City Clerk Tijauna Warner at LaBelle City Hall, 481 W. Hickpochee Avenue, LaBelle, Florida. Phone No. 863-675-2872. Hearing Assistance: If hearing impaired, contact Florida Relay at 800-955-8771 (TDD) or 800-955-8770 (Voice), for assistance. (Reference: Florida Statute 286.26)

1. Submittal rev	
date	C.C
2. Legal Departr	nent:
Date	_Atty
3. Planning:	
date	PInr



# **COMPREHENSIVE PLAN AMENDMENT PETITION**

<u></u>				
Date Received: 10/10/2024 File No. C		File No. CF	PA-200	
Petitioner: L8, LLC c/o Scott Lyon	ns			
Address: 15930 GLENISLE WAY FORT MYERS, FL 33912	2			
Telephone: (239) 340-0993	Fax:		Email: scott@tomahawkconstruc	it@tomahawkconstruction.com
Agent for Petitioner: Same as App	olicant			
Address: Same as Applicant				
Telephone:	Fax:		Email:	
Address/Location of Subject Property: East of SR 80; South of Helms Road; west of SR 29				
STRAP Number of Subject Propert	<sub>tv:</sub> Multiple - See Attach	∍d		
Legal Description: See Attached				
			. 1	
	——————————————————————————————————————			
Total Property Acreage: 5,200 AC	Total Acreage of Amen Request: 5,200 AC		urrent Use of roperty: Agriculture	
Existing Future Land Use Designat	tion:South LaBelle Com	munity		
Requested Future Land Use Desig	nation: South LaBelle	Community		
Existing Zoning Designation: AG; P	PUD			

The applicant is of the opinion that the proposed land use referenced property and finds that the request is consisted 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:	
8-00		
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.

and legally described in Exhibit A attached hereto.		
The property described herein is the subject of a <u>Comprehensive Plan Amendment.</u> We hereby designate <u>Scott Lyons</u> as the legal representative of the property in the 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 thisday of		
October, 2024, by Scott Lyons		
() capacity if applicable who is personally known to me or		
producedas identification.		
Notary Public Notary Public – State of Florida		
My commission expires  Teb. 10, 2026  Meagan M Sprague  Name typed, stamped or printed		



## 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 of the real property desc	title holder/owner or authorized representative of the fee simple title holder/owner cribed in Exhibit "A" attached hereto and incorporated herein, "the owner".
sketches, data or other s	ear, affirm and certify that all answers to the questions in this application and any supplementary matter attached to and made a part of this application, are honest by knowledge and belief.
in all: City of LaBelle sta	as owner of the property herein, do _as my true and lawful attorney, for the _atting this application and representing my interests with regard to this application aff meetings; correspondence; conversations; and, at all public meetings with assary to facilitate this application in my name, place and stead.
Further I, as owner of the reproduce all or a portion	e real property described herein, do hereby grant the City of LaBelle permission to n of all plans, drawings, etc., submitted in connection with the foregoing petition.
Executed this da	ay of,
	Signature of owner or authorized agent
	Scott Lyons
	Print or type name of person signing above
	Name of owner/agent entity if a corporation, L.L.C., partnership, or trust
	Manager Representative capacity of person signing Affidavit: President of Vice President of Corporation Managing Member of L.L.C. General Partner Trustee
STATE OF FLORIDA	)
COUNTY OF Lee	)
to me or who has produced who did not take an oath	
MEAGAN M. SPRAGE Commission # HH 2 Expires February 10	Print or type name My Commission Expires: Feb. 10, 2026
	Date:



