

# DEVELOPMENT REVIEW APPLICATION

ESCAMBLA COUNTY DEPARTMENT OF PLANNING & ENGINEERING  
1190 W. Leonard St., Pensacola, FL 32501 850-595-3472

Project Name Perdido Key Retail

Project Address: 13585 Perdido Key Drive, Pensacola, Florida 32507

Choose either BOX 1 or BOX 2, mark ONLY ONE (1) application type. In BOX 3, mark only one type of proposed land use.

<p>Major Development Application Type</p> <p>1) <input type="checkbox"/> Site Plan                  2) <input type="checkbox"/> Preliminary Plat                  3) <input type="checkbox"/> Master Plan                  4) <input type="checkbox"/> Unplatted Subdivision                  5) <input type="checkbox"/> Final Plat                  6) <input type="checkbox"/> Artificial Lake                  7) <input type="checkbox"/> Artificial Pond</p>	<p>Minor Development Application Type</p> <p>1) <input checked="" type="checkbox"/> Site Plan Minor                  (See form on web site titled "Minor Development Site Plan Submittal")</p>
<p>Type of Proposed Land Use    <input checked="" type="checkbox"/> Commercial    <input type="checkbox"/> Residential    <input type="checkbox"/> Both</p>	

List the Property Reference Number(s) for all parcels involved:

Sec #	Twp #	Rge #	Sub #	Lot #	Blk #	Sec #	Twp #	Rge #	Sub #	Lot #	Blk #
35	3S	32W	1001	000	005						

**Project Narrative:** Describe the proposed development project including: 1) all existing property uses, conditions and improvements, 2) all proposed uses, 3) height of each building/ structure in stories and feet, 4) federal and state regulatory permits required, 5) density transfer calculations if density transfer is proposed. (A separate written narrative may be submitted with the application instead of using the space provided below).

The site was the previous location of the Best western Hotel. The proposed project will consist of <sup>18,000</sup>~~15,000~~ sf retail building and <sup>318</sup>~~357~~ parking spaces. The new development will have one driveway to access Perdido Key Drive. The existing wetlands on site will not be disturbed. A FDEP stormwater permit has already been recieved for the project.

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Property Owners: Name: Perdido Hospitality Limited

Street address: 113 Baybridge Professional Park City: Gulf Breeze State: FL

Zip Code: 32561 Phone: Work ( 850 ) 834-3809 Cell ( ) Fax ( 850 ) 034-3808

E-mail address: jeff@innisfree.com

Developer: Name: Key Development LLC

Street address: 6618 Advent Circle City: Trussville State: AL

Zip Code: 35173 Phone: Work ( 205 ) 861-9044 Cell ( ) Fax ( 205 ) 861-9034

E-mail address: mpiell@mac.com

Agent / Engineer: Name: Choctaw Engineering, Inc.

Street address: 112 Truxton Avenue City: Ft. Walton Beach State: FL

Zip Code: 32547 Phone: Work ( 850 ) 862-6611 Cell ( ) Fax ( 850 ) 863-8059

E-mail address: msiner@choctaweng.com

**Provide the requested information in the space provided:**

Future Land Use Category(ies): MU-4 Zoning District(s): CCPK

Has any part of the project site been previously involved in a Future Land Use Map Amendment, Application for Rezoning, Application for Conditional Use, Application for Variance, Application for Vested Rights, Appeal of Administrative Decision, other county review?  
No  Yes  If YES, which type: \_\_\_\_\_, Date \_\_\_\_/\_\_\_\_/\_\_\_\_, Case # \_\_\_\_\_

Does the proposed project require a Variance, Conditional Use Approval, Rezoning, or a Future Land Use Change?  
No  Yes  If YES, which: \_\_\_\_\_ If YES, attach written explanation.

**Provide the requested information in the space provided:**

Are there existing building(s) on site? No  Yes

Describe last use of building(s): \_\_\_\_\_

Total Site Acreage: 7.36

Total Acreage to be disturbed: 4.51

Total Acres of Wetlands: 0.38

Total Acres of Wetlands to be disturbed: 0.0

Number of Trees on site: 9

Number of Trees to be removed: 0

# DEVELOPMENT REVIEW APPLICATION CERTIFICATION FORM

I affirm and certify that I am duly qualified as authorized agent to make such application; that I understand the questions asked in the application; that all information and statements submitted in any documents or plans concerning this application are accurate to the best of my knowledge and belief; that I understand the application, attachments, and fees become part of the Official Records of Escambia County and not returnable or refundable; that this application is of my own choosing and staff has explained all procedures relating to this request; that there are no guarantees as to the outcome of this request; that the application is being accepted subject to verification of information; that any false information knowingly given by me may result in denial of the application, and that additional information may be required by Escambia County in order to make a determination.

Perdido Key Retail

Name of Proposed Development

*Mark C. Siner*

Authorized Agent's Signature

6 FEB 09

Date

Agents Name (print): Mark C. Siner

Company Name: Choctaw Engineering, Inc.

Street address: 112 Truxton Avenue

City: Ft. Walton Beach

State: FL

Zip Code: 32547 Phone: Work (850 ) 862-6611

Fax: (850 ) 863-8059

STATE of Florida

COUNTY of Santa Rosa

The forgoing instrument was acknowledged before me this 6 day of February,  
year of 2009 by Mark C. Siner who ( ) did  did not take an oath.

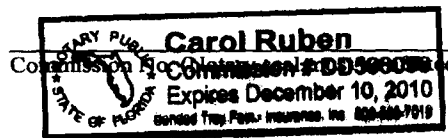
He/she is ( ) personally known to me,  produced current Florida/Other driver's license, and/or ( ) produced current  
FL. Dr. Lic 556054367 336-0 as identification.

*Carol Ruben*  
Signature of Notary Public

2/6/09  
Date

Carol Ruben  
Printed Name of Notary

12-10-2010  
My Commission Expires



**AFFIDAVIT OF OWNERSHIP AND LIMITED POWER OF ATTORNEY**

As owner of the property located at 13585 Perdido Key Drive, Pensacola, Florida, property reference number(s) 35-3S-32-1001-000-0005, I hereby designate Choctaw Engineering, Inc. for the sole purpose of completing this Development Review Application and to act on my behalf during the county's processing of the Development Review Application on the above referenced property.

This Limited Power of Attorney is granted on this Feb 1<sup>st</sup> day of Feb. the year of 2009 and is effective until the County has rendered a decision on this request and any appeal period has expired. The owner reserves the right to rescind this Limited Power of Attorney at any time with a written, notarized notice to the Department of Growth Management.

[Signature] \_\_\_\_\_ JEFF TOWNSEND \_\_\_\_\_  
Signature of Property Owner                      Date                      Printed Name of Owner

STATE of Florida  
COUNTY of Santa Rosa

The forgoing instrument was acknowledged before me this 1<sup>st</sup> day of February, year of 2009 by JEFF TOWNSEND who ( ) did (  ) did not take an oath.

He/she is personally known to me, ( ) produced current Florida/Other driver's license, and/or ( ) produced current \_\_\_\_\_ as identification.

Carol Ruben 2/1/09 \_\_\_\_\_ Carol Ruben \_\_\_\_\_  
Signature of Notary Public                      Date                      Printed Name of Notary

12-10-2010  
My Commission Expires



AGENT AFFIDAVIT  
SPECIAL POWER OF ATTORNEY

FEB - 6 2009

STATE OF FLORIDA  
COUNTY OF OKALOOSA

KNOW ALL MEN BY THESE PRESENTS, that I Matthew Piell am Presently the owner and/or leaseholder at 35-3S-32-1001-000-005 and desiring to execute a Special Power of Attorney, have made, constituted and appointed, and by these presents do make, constitute and appoint Key Development, LLC whose address is 6618 Advent Circle, Trussville, AL 35173, County of Jefferson, State of AL, my Attorney full power to act as my agent in the process of obtaining a development order pertaining to 35-3S-32-1001-000-005.

FURTHER, I do authorize the aforesaid Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by the said attorney shall be binding on myself and my heirs, legal and personal representative, and assigns.

PROVIDED, however, that any and all transactions conducted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by the said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact."

WITNESSES:

APPLICANT:

Signature: [Signature]  
Printed Name: Josias Andujar Defijos  
Fl. License # A532-420-88-229-0

Signature: [Signature]  
Printed Name: Matthew D. Piell

Signature: [Signature]  
Printed Name: Chris Teeters

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

BEFORE ME, the undersigned Notary Public in and for said County and State, appeared MATHEW D. PIELL, WHO IS PERSONALLY KNOWN TO ME or WHO PRODUCED \_\_\_\_\_ AS IDENTIFICATION, and who did not take an oath, and who is known to me to be the individual described by said name who executed the foregoing instrument.

Given under my hand and official seal this 5th day of February, 2006.

Notary Public: Josias Andujar  
Printed Name: \_\_\_\_\_

