



APPLICATION FOR REQUEST FOR CONTINUANCE, WITHDRAWAL, OR REHEARING FOR UNINCORPORATED AREAS ONLY

REQUEST IS FOR (Refer to Page 2 for Special Notes):

- Continuance\* Deferral [X] Withdrawal Rehearing Withdrawal of Administrative Appeal
\*Fee must be paid prior to the continuance hearing

If a DEFERRAL OR CONTINUANCE is requested, please indicate:

Length of time:
From: [ ] Hearing Examiner [ ] BOCC (must be submitted 5 calendar days prior to hearing)

- 1. Date of Scheduled Hearing:
2. Applicant/Project Name: Eden Oak
Tracking/Hearing/Application
3. Number: CPA2016-00014
4. Date Decision was Rendered (if applicable):
5. Type of Application (check appropriate type):
[ ] Rezoning [ ] Special Exception [ ] Variance [X] Other
6. Reason for request (If rehearing is requested, see Special Notes on Page 2):
Comprehensive Plan Amendment not required

Under penalties of perjury, I declare that I have read the foregoing Affidavit of Authorization and that the facts stated in it are true.

[Handwritten Signature]

April 3, 2018

Signature

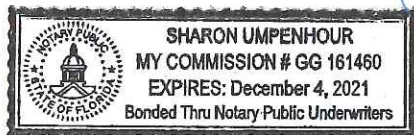
Date

\*\*\*\*\*NOTE: NOTARY PUBLIC IS NOT REQUIRED FOR ADMINISTRATIVE APPROVALS\*\*\*\*\*
ALL OTHER APPLICATION TYPES MUST BE NOTARIZED

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was sworn to (or affirmed) and subscribed before me on April 3, 2018 (date) by D. Wayne Arnold, AICP (name of person providing oath or affirmation), who is personally known to me or who has produced (type of identification) as identification.

STAMP/SEAL



[Handwritten Signature]

Signature of Notary Public