

LEHIGH ACRES ARCHITECTURAL PLANNING & ZONING REVIEW BOARD

**LEHIGH ACRES ARCHITECTURAL PLANNING AND
ZONING REVIEW BOARD APPLICATION**

Date Received: _____

File Name : _____

LAAPZRB Date: _____

(1) GENERAL INFORMATION (Use additional sheets if necessary)

1. Name of Project: Goodlad Insurance Agency, Inc. - Amendment
2. Street Address of Project: 702/704 Leeland Heights Blvd. Lehigh, Acc
3. Strap No. 32-44-27-02-00013-0040
4. Application Request: (i.e.: Zoning change, Variance, Site/Project Approval)
Zoning Amendment - currently CPD, request addition of Group 2 - to allow for Pest Control office occupancy.
5. Applicant Name / Title: Teresa Goodlad, President
Address: 5268 Fort DeNaud Road, Fort DeNaud, FL 33935
Phone: 239-209-1139 Email: tgoodlad@msn.com
6. Date of LAAPZRB meeting requested for presentation July 28, 2022
(Applicant shall be notified to confirm placement on the agenda)
7. Primary Firm/Person Presenting Project to LAAPZRB:
Name / Title: John Goodlad, Vice-President
Address: 5268 Fort DeNaud Road, Fort DeNaud, FL 33935
Phone: 239-209-1139 Email: jgoodlad1054@outlook.com
8. Provide name and contact information of additional persons to receive correspondence from the LAAPZRB.
Lee County Community Development
9. County staff Reviewer: _____
10. Has project been presented to Community Development or Lee County Hearing Examiner or other public presentations: Yes _____ No X Dates: _____
Application No.: _____

We attempted to submit the application 6-27-22 at Lee County Community Development office but were told it had to be submitted with the LAAPZRB Summary!

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11. Direction to the project site:

702/704 Leeland Heights Block
located between Cleveland and Leeland Heights Blvd
W.

12. Proposed Use:

Office space in 704 (annex building) to be
used as office space for Walter Salazar Pest Control

13. Adjacent Zoning and Land Uses:

North: attached Exhibit A
 South: _____
 East: _____
 West: _____

14. Project summary. Provide information of how the project will provide for, achieve and maintain a unified and pleasing aesthetic quality as defined by the community standards set forth in Chapter 33 and other similar projects previously approved and built:

NA

15. Project Checklist submitted: ____ Yes ____ No NA16. Application Fee Submitted: Type 1 \$50.00 X Type 2: \$150.00 _____**PROPERTY OWNER/APPLICANT**

I hereby certify that I am the owner of record or authorized agent for the property described in Section 1 above and that I approve of the requested action herein.

Signature: Teresa Goodlad Date: 6-28-22Print Name: Teresa Goodlad Title: President

ACTION TAKEN
☒ LAAPZRB

DATE
7/28/22

DECISION
Approved

Initials: (Signature)

Attachments: _____