

**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: Town Lakes CPD Administrative Amendment
2. Street Address of Project: 625 Williams Ave (southwest corner of Williams Ave/Fountain Mist Blvd)
3. Strap No. 30-44-27-17-0000A.0000
4. Application Request: (i.e.: Zoning change, Variance, Site/Project Approval)
Amend the recently approved Townlakes CPD zoning to allow for a modified site plan that reduces height and changes the internal configuration of the parcel dedicated to mini-warehouse use.
5. Applicant Name / Title: Arcland Property Company, LLC / Steve Cratin
Address: P.O. Box 25523, Washington, DC 20027
Phone: (443) 845-6981 Email: steve@arc.land
6. Date of LAAPZRB meeting requested for presentation July 25, 2024
(Applicant shall be notified to confirm placement on the agenda)
7. Primary Firm/Person Presenting Project to LAARZB:
Name / Title: RVi Planning + Landscape Architecture / Fred Drovdlc, AICP
Address: 1514 Broadway, Suite 201
Phone: 239.318.6707 Email: fdrovdlc@rviplanning.com
8. Provide name and contact information of additional persons to receive correspondence from the LAAPZRB.
Jake Fowler, Arcland Development, jake@arc.land
9. County staff Reviewer: MarySue Groth
10. Has project been presented to Community Development or Lee County Hearing Examiner or other public presentations: Yes _____ No X _____ Dates: _____
Application No.: DCI2023-00044

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11. Direction to the project site:

southwest corner of Williams Ave/Fountain Mist Blvd 1/2 mile north of Lee Boulevard

12. Proposed Use:

Mini warehouse

13. Adjacent Zoning and Land Uses:

North: Townlakes RPDSouth: Undeveloped (future church)East: Williams Avenue; residentialWest: Townlakes RPD

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:

See revised MCP and presentation p

_____15. Project Checklist submitted: X Yes _____ No16. Application Fee Submitted: Type 1 \$50.00 _____ Type 2: \$150.00 X**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: Fred DrovdicDATE: July 16, 2025Print Name: Fred DrovdicTitle: Director of Planning**ACTION TAKEN**
☒ LAAPZRB**DATE**
7/25/24**DECISION**
ApprovedInitials: LD

Attachments: _____