



City of Venice  
 401 West Venice Ave., Venice, FL 34285  
 941-486-2626  
 DEVELOPMENT SERVICES  
**FEE WAIVER / REDUCTION REQUEST**

**FEE WAIVER / REDUCTION REQUEST**

1) Name of Individual Requesting Waiver/Reduction: Donald F. O'Connell & Skip Berg  
 Mailing Address: C/O Gregory C. Roberts  
341 W. Venice Ave., Venice, FL 34285  
 Phone: (941) 485-2900  
 E-mail: Greg@k-rlaw.com

2) Name of Project & Petition No. Granada Apartments

3) Name of organization for which waiver is requested: same as above  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

4) Please provide a description of the project/activity/event for which a fee waiver is being requested on a separate sheet of paper. Please include the type of project/activity/event, the number of individuals who will participate or be served, etc.

5) Please indicate if this is a one-time or annual event:  
 One time       Annual

6) Type and amount of fee waiver(s) requested. Please list all fees you are requesting to be waived in conjunction with this project/activity/event:

Dept. Assessing Fee	Type of Fee	Amount of Fee
Development services	filing fee	application fee
(application for conditional use)		\$4,366
		review fee
		\$1,000

6) If your entity or organization has received a fee waiver(s) for a similar project/activity/event in the past, please list fee waivers below:

Date of Waiver	Dept. Assessing Fee	Type of Fee	Amount of Fee

7) Does the organization or entity for which the fee waiver is requested receive funding from any of the following sources? If so, please specify:



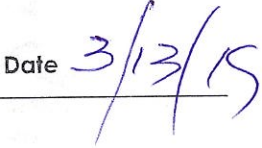
- Property Tax       Sales Tax       Special Assessment  
 User Fees       Other, please specify: **none**

8) If the organization or entity receives tax funding or has the ability to assess fees, please provide an explanation and supporting documentation regarding the complete inability of the organization or entity to pay the fees which you are requesting be waived. Please attach information/documentation to this form and submit with your request for fee waiver.

n/a

9) Will the organization or entity be charging an entry fee or be requesting a donation for the project/activity/event for which you are requesting a fee waiver? If so, please provide an explanation and supporting documentation detailing why the fees to be waived cannot be recovered through the entry fee. Please attach information/documentation to this form and submit with your request for a fee waiver.

n/a

Authorized Signature  | Title  | Date 

**SUBMIT TO:**  
 Planning & Zoning Division  
 City of Venice  
 401 W. Venice Avenue  
 Venice, FL 34285