

REQUEST FOR TWO-YEAR EXTENSION (HB 503/7019)

This application must be filed on or before 6:00 pm October 1, 2013
For Development Orders Expiring between 1/1/12 – 1/1/14

OFFICE USE ONLY	
Petition No.	Date

Owner(s) of Record (please print)
Name:
Address:
E-mail Address:
Phone:
Fax:

Agent Authorized to Act on Owner Behalf*
Name:
Address:
E-mail Address:
Phone:
Fax:

**Attach notarized authorization for agent to act on owner's behalf if not on file, or if authorization has expired*

PROJECT INFORMATION
1. Project Name
2. Original Petition Number
3. Street address
4. Tax parcel(s)
5. Date Development Order expires**
6. Type of Development Order (e.g. SUP, development plan)**
7. What is the anticipated timeframe for acting on this extension?

***Please submit a separate Public Records Request form if needed and refer to corresponding fee for the Public Records request.*

Please attach the following:

- A copy of the final development order

Please check to acknowledge the following:

- It is the applicant's responsibility to apply for extensions of all related development permits (such as building permits, water management district permits and/or Department of Environmental Protection permits)
- The new expiration date will be exactly 2 years from the date of expiration of the existing development order
- A request for an extension is not granted until approved by Planning staff as indicated on page two and under the conditions listed in the attached letter. The extension is only applicable to the development order issued by the Planning and Development Services Department.

(Please continue on page two)

CERTIFICATION

The undersigned has read the above application and is familiar with the information submitted. It is agreed and understood that the undersigned will be held responsible for its accuracy. The undersigned hereby attests to the fact that the parcel number(s) shown in question 4 is/are the true and proper identification of the area for which the extension request is being submitted. Signatures of all owners or their agent are required on this form. Signatures will be accepted only with notarized proof.

Owner/Agent Signature

Print or Type Owner/Agent Name

Date

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____,
by (Name) _____.

Signature – Notary Public

Personally Known ____ OR Produced Identification ____ (Type) _____

STAFF USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Pending Additional Information	<input type="checkbox"/> Denied
<input type="checkbox"/> Letter attached		
Reviewing Planner: _____ Planner Signature: _____ Date: _____		
Comments: _____		

