

**DEVELOPMENT PLAN REVIEW APPLICATION
 PLANNING & DEVELOPMENT SERVICES**

OFFICE USE ONLY	
Petition No. _____	Fee: \$ _____
1 st Step Mtg Date: _____	EZ Fee: \$ _____
Account No. 001-660-6680-3401 []	
Account No. 001-660-6680-1124 (Enterprise Zone) []	
Account No. 001-660-6680-1125 (Enterprise Zone Credit []	

LEVEL OF REVIEW (check one)

MINOR	INTERMEDIATE	MAJOR	CONCEPT	MASTER

Project Name: _____

Property Address: _____

Tax Parcel #(s): _____

Site Area (acres): _____

CHECK ALL PROPOSED USES

<input type="checkbox"/> Residential	Density	<input type="checkbox"/> Non-residential	
Multi-family	Units/acre:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Office
Total units:	Total bedrooms:	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other
		Gross floor area:	

Owner(s) of Record (please print)	
Name: _____	
Address: _____	
Phone: _____	Fax: _____
(If additional owners, attach information)	

Applicant(s)/Agent(s), if different	
Name: _____	
Address: _____	
Phone: _____	Fax: _____
(If additional agents, attach information)	

I certify that I am the owner of the property and authorize the agent listed above to initiate this development plan.

Signature of owner: _____ Date: _____

I certify that all of the information contained in this application form is accurate and up-to-date.

Signature of Applicant: _____ Date: _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20____

Signature – Notary Public: _____

Personally Known _____ OR Produced Identification _____

Certified Cashier's Receipt: