



NAME OF APPLICANT: _____ APPLICATION No.: _____

GENERAL LAND DEVELOPMENT ORDER APPLICATION

THIS GENERAL LAND DEVELOPMENT ORDER APPLICATION FORM MUST BE SUBMITTED AS PART OF ANY REQUEST TO UNDERTAKE THE LAND DEVELOPMENT ACTIVITIES LISTED BELOW. A SPECIFIC LAND DEVELOPMENT ORDER APPLICATION FORM MAY HAVE TO BE SUBMITTED IN CONJUNCTION WITH THIS FORM. OTHER SUBMITTAL ITEMS ARE INDICATED ON THE ACCOMPANYING INSTRUCTION PACKETS AND DEVELOPMENT BROCHURES. IT IS THE APPLICANT’S RESPONSIBILITY TO INSURE THAT APPLICATIONS ARE COMPLETE AND ACCURATE.

A. DEVELOPMENT ORDER REQUESTED

- | | |
|---|--|
| <input type="checkbox"/> PLAT | <input type="checkbox"/> SPECIAL EXCEPTION USE |
| <input type="checkbox"/> REPLAT | <input type="checkbox"/> VARIANCE |
| <input type="checkbox"/> SITE DEVELOPMENT PLAN | <input type="checkbox"/> GRAND OPENING INFLATABLE SIGN |
| <input type="checkbox"/> SITE PLAN MODIFICATION | <input type="checkbox"/> FUTURE LAND USE MAP AMENDMENT |
| <input type="checkbox"/> ZONING MAP AMENDMENT | <input type="checkbox"/> OTHER _____ |

IS THIS APPLICATION PART OF ANOTHER APPLICATION? YES NO

IF SO, WHAT APPLICATION? _____

B. PROPERTY DESCRIPTION

NEAREST CROSS STREETS: _____

SITE ADDRESS OR LOCATION: _____

PROPERTY FOLIO NUMBER: _____

LEGAL DESCRIPTION ATTACHED YES NO

EXISTING IMPROVEMENTS: _____

GROSS ACRES: _____ NET ACRES: _____

GENERAL LAND DEVELOPMENT ORDER APPLICATION

C. DEVELOPMENT DESCRIPTION

DEVELOPMENT NAME: _____

PROPOSED DEVELOPMENT BY USE AND INTENSITY: _____

OFFICIAL ZONING DISTRICT MAP
CLASSIFICATION:

FUTURE LAND USE MAP SERIES DESIGNATION:

DOES THIS DEVELOPMENT REQUIRE SIGNAGE? YES NO

EVIDENCE OF OWNERSHIP PROVIDED? YES NO

D. OWNER, APPLICANT AND OTHER INFORMATION

OWNER NAME: _____

OWNER STREET ADDRESS: _____

CITY, STATE & ZIP CODE: _____

TELEPHONE #: _____ FAX #: _____

ELECTRONIC MAIL ADDRESS: _____

APPLICANT NAME: _____

APPLICANT STREET ADDRESS: _____

CITY, STATE & ZIP CODE: _____

WORK PHONE #: _____ MOBILE PHONE #: _____

FAX #: _____ EMAIL: _____

AFFIDAVIT

I, _____, DO HEREBY SWEAR OR
AFFIRM THAT ALL OF THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF
MY KNOWLEDGE.

PRINT YOUR NAME: _____

SIGN YOUR NAME: _____

DATE: _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS DAY
OF _____, 20 _____, BY _____, WHO IS
PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____
AS IDENTIFICATION AND WHO DID TAKE AN OATH.

NOTARY PUBLIC

SIGN: _____

PRINT: _____

STATE OF FLORIDA AT LARGE SEAL

MY COMMISSION EXPIRES: