



Plantation  
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# CITY OF PLANTATION DEVELOPMENT REVIEW APPLICATION

Project No: \_\_\_\_\_

Department Date Stamp:

Please check appropriate Board or Committee review:

- Review Committee
  Planning and Zoning Board
  City Council

Please check appropriate request(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Conditional Use Approval          | <input type="checkbox"/> Plat or Site Data Record Approval                   |
| <input type="checkbox"/> Delegation Request                | <input type="checkbox"/> Rezoning Approval                                   |
| <input type="checkbox"/> Gateway 7 Administrative Approval | <input type="checkbox"/> Site Plan, Elevation and/or Landscape Plan Approval |
| <input type="checkbox"/> Land Use Plan Amendment Approval  | <input type="checkbox"/> Use Variance Approval                               |
| <input type="checkbox"/> Master Plan Approval              | <input type="checkbox"/> Waiver request                                      |
| <input type="checkbox"/> Other _____                       |  |

Project Name: \_\_\_\_\_

Property Address / Location: \_\_\_\_\_

Property Legal Description: \_\_\_\_\_

Zoning District: _____	Land Use Plan Designation: _____	Property Folio Number(s): _____
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Description of Project: (Attach additional page if necessary)

Property Owner of Record:

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Corporation Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Do you authorize an agent to represent you in the processing of this application?  Yes  No

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements appeared \_\_\_\_\_ as the property owner, who is personally known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he/she executed the same on behalf of the corporation, who produced his/her driver's license as identification, and who did not take an oath.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
Printed Name of Notary

My commission no. is: \_\_\_\_\_

(Notary Seal)

**Authorized Agent (if applicable):**

**Print name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Corporation Name (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements appeared \_\_\_\_\_ as authorized agent of \_\_\_\_\_ (Owner), who is personally known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he/she executed the same on behalf of the corporation, who produced his/her driver's license as identification, and who did not take an oath.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

My commission expires:

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
Printed Name of Notary

My commission no. is:

(Notary Seal)

**Attorney (if applicable):**

**Name:** \_\_\_\_\_

**Corporation Name (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Architect (if applicable):**

**Name:** \_\_\_\_\_

**Corporation Name (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Engineer/Surveyor (if applicable):**

**Name:** \_\_\_\_\_

**Corporation Name (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Consultant (if applicable):**

**Name:** \_\_\_\_\_

**Corporation Name (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Site information for undeveloped sites:**      **Site acreage:** \_\_\_\_\_ **(net)**

**Type and number of proposed residential units (if applicable):** \_\_\_\_\_

**Square footage of proposed non-residential uses (if applicable):** \_\_\_\_\_

**Type and square footage of proposed non-residential uses (if applicable):** \_\_\_\_\_

**Site information for developed sites:**      **Site acreage:** \_\_\_\_\_ **(net)**

**Type and number of existing residential units (if applicable):** \_\_\_\_\_

**Type and number of proposed residential units (if applicable):** \_\_\_\_\_

**Square footage of proposed non-residential uses (if applicable):** \_\_\_\_\_

**Type and square footage of existing non-residential uses (if applicable):** \_\_\_\_\_

**Type and square footage of proposed non-residential uses (if applicable):** \_\_\_\_\_

**Number of existing parking spaces:** \_\_\_\_\_ **(including handicapped spaces)**

**Number of proposed parking spaces:** \_\_\_\_\_ **(including handicapped spaces)**

- **Please print/type application clearly.** Incomplete or illegible applications will not be accepted.
- A fee calculation form with filing fee must be submitted prior to submittal of a development review application pursuant to Ordinance# 2397.
- Submittals must be made prior to agenda closing dates indicted on the "Schedule of Meetings". Any incomplete or late submittals may be rescheduled to the next available meeting.
- The application must be signed by the property owner and notarized.
- If the property owner authorizes an agent, the application must be signed by the agent and notarized.
- An owner or authorized agent must be present at each meeting for the application to be considered.
- Zoning decision approval, as defined in Section 27-6 of the Code of Ordinances, shall be initially valid for a period of time not to exceed twelve (12) months from the date the decision is made. If the rights granted by the zoning decision are not exercised in the aforesaid twelve-month period of time by an application for a building permit to meet the requirement of Section 302.1 of the Florida Building Code, the decision shall become null and void. The City Council may extend this time period for one (1) additional extension not to exceed six (6) additional months for good cause demonstrated prior to the expiration of the period of initial validity.

Last updated April 26, 2011

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