

CITY OF PALM BEACH GARDENS
DEVELOPMENT APPLICATION

Planning and Zoning Department
CITY OF PALM BEACH GARDENS
10500 North Military Trail
Palm Beach Gardens, FL 33410
(561) 799-4243 Fax (561) 799-4281

Request:

- | | |
|--|---|
| <input type="checkbox"/> Planned Community Development (PCD) | <input type="checkbox"/> Annexation |
| <input type="checkbox"/> Planned Unit Development (PUD) | <input type="checkbox"/> Rezoning |
| <input type="checkbox"/> Amendment to PCD, PUD or Site Plan | <input type="checkbox"/> Site Plan Review |
| <input type="checkbox"/> Conditional Use | <input type="checkbox"/> Concurrency Certificate |
| <input type="checkbox"/> Amendment to the Comprehensive Plan | <input type="checkbox"/> Time Extension |
| <input type="checkbox"/> Administrative Approval | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Administrative Appeal | <input type="checkbox"/> Other <input type="text"/> |

Date Submitted:

Project Name: _____

Owner: _____

Applicant (if not Owner): _____

Applicant's Address: _____ Telephone No. _____

Agent: _____

Contact Person: _____ E-Mail: _____

Agent's Mailing Address: _____

Agent's Telephone Number: _____

FOR OFFICE USE ONLY	
Petition Number: _____	Date & Time Received: _____
<u>Fees Received</u>	
Application \$ _____	Engineering \$ _____
Receipt Number: _____	

Architect: _____

Engineer: _____

Planner: _____

Landscape Architect: _____

Site Information:

Note: Petitioner shall submit electronic digital files of approved projects. See attachment for details.

General Location: _____

Address: _____

Section: _____ Township: _____ Range: _____

Property Control Number(s): _____

Acres: _____ Current Zoning: _____ Requested Zoning: _____

Flood Zone _____ Base Flood Elevation (BFE) – to be indicated on site plan _____

Current Comprehensive Plan Land Use Designation: _____

Existing Land Use: _____ Requested Land Use: _____

Proposed Use(s) i.e. hotel, single family residence, etc.: _____

Proposed Square Footage by Use: _____

Proposed Number and Type of Dwelling Unit(s) i.e. single family, multifamily, etc. (if applicable):

Justification

Information concerning all requests (attach additional sheets if needed.)
{Section 78-46, Application Procedures, Land Development Regulations.}

1. Explain the nature of the request:

2. What will be the impact of the proposed change on the surrounding area?

3. Describe how the rezoning request complies with the City's Vision Plan and the following elements of the City's Comprehensive Plan - Future Land Use, Transportation, Housing, Infrastructure, Coastal Management, Conservations, Recreation and Open space, Intergovernmental Coordination and Capital Improvement.

4. How does the proposed project comply with City requirements for preservation of natural resources and native vegetation (Section 78-301, Land Development Regulations)?

5. How will the proposed project comply with City requirements for Art in Public Places (Chapter 78-261, Land Development Regulations)?

6. Has project received concurrency certification?

Date Received:

Legal Description of the Subject Property

(Attach additional sheets if needed)

Or see attached deed for legal description.

Location

The subject property is located approximately _____ mile(s) from the intersection of _____
_____, on the north, east, south, west side of _____
_____ (street/road).

Statement of Ownership and Designation of Authorized Agent

Before me, the undersigned authority, personally appeared _____
_____ who, being by me first duly sworn, on oath deposed and says:

1. That he/she is the fee simple title owner of the property described in the attached Legal Description.

2. That he/she is requesting _____ in the City of Palm Beach Gardens, Florida.

3. That he/she has appointed _____ to act as authorized agent on his/her behalf to accomplish the above project.

Name of Owner: _____

Signature of Owner

By: Name/Title

Street Address

City, State, Zip Code

P. O. Box

City, State, Zip Code

Telephone Number

Fax Number

E-mail Address

Sworn and subscribed before me this _____ day of _____, _____.

Notary Public

My Commission expires:

Applicant's Certification

I/We affirm and certify that I/we understand and will comply with the land development regulations of the City of Palm Beach Gardens, Florida. I We further certify that the statements or diagrams made on any paper or plans submitted here with are true to the best of my/our knowledge and belief. Further, I/we understand that this application, attachments, and application filing fees become a part of the official records of the City of Palm Beach Gardens, Florida, and are not returnable.

Applicant is:

Signature of Applicant

Owner

Print Name of Applicant

Optionee

Street Address

Lessee

City, State, Zip Code

Agent

Telephone Number

Contract Purchaser

Fax Number

E-Mail Address



PLANNING AND ZONING DEPARTMENT

Permit Number: _____

FINANCIAL RESPONSIBILITY FORM

The owner understands that all City-incurred professional fees and expenses associated with the processing of this application request are ultimately the responsibility of the owner. A security deposit shall be deposited in an interest-bearing account with any accrued interest to be retained by the City of Palm Beach Gardens.

The owner and/or designee shall be invoiced on a monthly basis for professional fees such as, but not limited to, consultant engineering services, legal services, advertising costs, and/or any other costs attributable to the processing of the permit for which the City incurred during the previous month. The owner and/or designee shall reimburse the City within ten (10) days from date of invoice. If payment is not received, the City may utilize the security deposit for reimbursement purposes. **All activities related to the pending permit(s) will cease until any outstanding invoices are paid.**

The owner/designee further understands that transfer of this responsibility shall require a completed form, signed and notarized by the responsible party, and delivered to the City's Planning and Zoning Department if the name and/or address of the responsible party changes at anytime during the application review process.

Owner signature

Date

Owner printed name

Property Control Number

DESIGNEE/BILL TO:

Designee Acceptance Signature: _____

NOTARY ACKNOWLEDGEMENT

STATE OF _____ COUNTY OF _____

I hereby certify that the foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____. He or she is personally known to me or has produced _____ as identification.

Notary public signature

(stamp)

Printed name

State of _____ at-large

My Commission expires: _____

CITY OF PALM BEACH GARDENS

10500 N. Military Trail Palm Beach Gardens, FL 33410-4698
www.pbgfl.com