



**CITY OF DEBARY
DEPARTMENT OF PLANNING & DEVELOPMENT
APPLICATION FOR DEVELOPMENT PERMIT**

TYPE OF APPLICATION

- Wetland Alteration Permit (DIVISION 5)
 Concurrent to Development Order Review (Section 4-234)
 Without Development Order Review (Section 4-234)

PROJECT INFORMATION

PROJECT NAME: _____

INTENDED USE: _____

TAX PARCEL NUMBERS: _____

*Tax parcel numbers and/or legal description may be provided as an attachment

ZONING AUTHORIZATION

Required prior to submitting and Application for Plan Review

CURRENT ZONING: _____ FUTURE LAND USE: _____ IN ECO: _____

The Development is consistent with the Comprehensive Plan and is properly zoned for the intended use? _____

Nonconforming Lot Letter Required? _____ Submitted? _____

Pending or Approved Zoning/Plan Amendment? _____ Case Number: _____

STAFF USE ONLY

REVIEW FEE PAID: \$ _____ CHECK NUMBER: \$ _____

PROJECT NAME/CASE NUMBER: _____ BY: _____ DATE: _____



APPLICANT

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 E-Mail Address: _____
 Contact Person: _____

OWNER

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 E-Mail Address: _____
 Contact Person: _____

Applicant is: Owner Attorney for Owner Agent for Owner Contract Purchaser

TO BE SUPPLIED AT THE TIME OF SUBMISSION:

STANDARD WETLAND ALTERATION PERMIT SUBMITTALS

- Cover letter must be submitted with items below
- Stormwater Calculations (when applicable)
- Geotechnical Report (when applicable)
- Biological Report (when applicable)
- Signed and sealed **folded** plans – including a mitigation plan, wetland survey(s), the wetlands and wetland buffers depicted and other items per checklist. (9 total sets shall be required and also in electronic format)
- Copy of federal, state, and regional permits &/or applications and conditions issued.

BY SIGNING BELOW, YOU ACKNOWLEDGE THE REQUIREMENT FOR THE COMPLETE APPLICATION SUBMISSION AND ALL FEES TO BE RECEIVED IN THIS OFFICE. ADDITIONAL FEES MAY BE ASSESSED DURING THE APPLICATION REVIEW PROCESS AND SHALL BE PAID PRIOR TO ISSUANCE OF THE DEVELOPMENT PERMIT. APPLICATIONS DETERMINED TO BE INCOMPLETE MAY BE RETURNED TO THE APPLICANT PRIOR TO THE ACCEPTANCE, OR FINAL APPROVAL MAY BE DELAYED. CITY STAFF IS HEREBY GRANTED ACCESS TO THE PROPERTY FOR INSPECTION AND REVIEW PURPOSES.

APPLICANT SIGNATURE: _____ **DATE:** _____



OWNER AUTHORIZATION FORM

I/We,

(owners name)

as the sole or joint fee simple title holder(s) of the property described as:

authorize _____ to act as my agent
(applicants name)

to seek _____ on the above property.
(type of request)

OWNER'S SIGNATURE

OWNER'S SIGNATURE

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of
_____, 20_____

by _____ who is personally known to me or who has produced
(name of person acknowledging)

_____ as identification and who did not take an oath.
(type of identification)

NOTARY PUBLIC, STATE OF FLORIDA
Type or Print Name:

Commission No.

My Commission Expires