

**APPLICATION FOR DEVELOPMENT ORDER
LYNN HAVEN DEPARTMENT OF PLANNING &
DEVELOPMENT**

(RESIDENTIAL AND COMMERCIAL DEVELOPMENTS)

825 Ohio Avenue, Lynn Haven, Florida 32444

Telephone: 850-265-2121; Fax: 850-265-8931

DATE: _____ PERMIT FEES\$ _____ PERMIT NUMBER _____

OWNER'S NAME: _____

TELEPHONE # _____ CELL # _____

DEVELOPER'S NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE# _____ CELL# _____ FLA

LIC# _____

LOCATION OF DEVELOPMENT: _____

PARCEL ID# _____

SIZE OF PARCEL: _____ ACRES

LEGAL DESCRIPTION: _____

..

IF APPLICATION IS FOR A COMMERCIAL PROJECT, LIST THE NAME OF THE

DEVELOPMENT: _____

BONDING COMPANY: _____

ADDRESS: _____

ARCHITECT'S/ENGINEER'S NAME: _____

ADDRESS: _____

MORTGAGE LENDER'S

NAME: _____

ADDRESS: _____

CITY'S CURRENT ZONING (IF APPLICABLE):

ZONING CHANGES REQUIRED, IF ANY: _____

CITY'S CURRENT FLU

DESIGNATION: _____

FUTURE LAND USE DESIGNATION CHANGES REQUIRED, IF

ANY: _____

TYPE OF DEVELOPMENT:

- | | |
|--|---|
| <input type="checkbox"/> Single Family Dwelling(s) or Duplex(es) | <input type="checkbox"/> Multi-Family Dwelling(s) |
| <input type="checkbox"/> Subdivision or PUD | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Development of Regional Impact | |

PERMITS RECEIVED:

YES

NO

N/A

COE	()	()	()
DEP:			
STORMWATER	()	()	()
WASTEWATER	()	()	()
DOMESTIC WATER	()	()	()
DREDGE & FILL	()	()	()
DOT:			
STORMWATER	()	()	()
DRIVEWAY	()	()	()
COUNTY:			
STORMWATER	()	()	()
DRIVEWAY	()	()	()
FEES COLLECTED:			
STORMWATER	()	()	()
COMMERCIAL DEVELOP.	()	()	()
SUBDIVISION	()	()	()
PRE-APPLICATION	()	()	()
PRELIMINARY	()	()	()
FINAL PLAT REVIEW	()	()	()
CONS. VERIF. & PLAT CERT.	()	()	()
VARIANCE APP.	()	()	()
MATERIALS PROVIDED:	YES	NO	N/A
LANDSCAPE PLANS	()	()	()
LEGAL DESC.	()	()	()
SURVEY	()	()	()
WETLAND DELINEATION	()	()	()
L.O.S. CALCS:			
EDUCATION	()	()	()
WATER	()	()	()
SEWER	()	()	()
SOLID WASTE	()	()	()
TRANSPORTATION	()	()	()
RESTRICTIVE COVENANTS	()	()	()
FLOODZONE DATA	()	()	()
(including flood zones)			
STREETS NAMED	()	()	()

EASEMENTS & ROWS IDEN.	()	()	()
REC/OPEN SPACE ALLOWED	()	()	()
SIGN POSTED	()	()	()

IMPROVEMENTS

Indicate whether each of the following improvements will be privately owned and maintained or will be granted to the City (publicly owned) for maintenance.

IMPROVEMENT	OWNED AND MAINTAINED	
	Privately	Publicly
Water system	()	()
Sanitary sewer system	()	()
Stormwater drainage system	()	()
Streets	()	()
Sidewalks	()	()
Street lights	()	()
Curbs and gutters	()	()
Parks/Open space	()	()
Landscapes	()	()
Buffer/Fences	()	()

TRC REVIEW DATE: _____ APPROVED () YES () NO

PLANNING COMM. REV. DATE: _____ APPROVED () YES () NO

CITY COMM. REV. DATE: _____ APPROVED () YES () NO

Certification and Authorization:

(1) By my signature hereto, I do hereby certify that the information contained in this Application is true and correct, and understand that deliberate misrepresentation of such information will be grounds for denial and reversal of this Application and or revocation of any approval based on this Application.

(2) I do hereby authorize City staff to enter upon my property at any reasonable time for the purpose of site inspection.

(3) I do hereby authorize the placement of a public notice sign(s) on my property at a

location(s) to be determined by City staff.

(4) I _____ (print name) as the property owner or authorized property owner representative have read and understand the attached information concerning Application for Development Order.

Signature of Owner or Agent

Signature of Developer

Print name

Print name

Title and Company (if applicable)

Title and Company (if applicable)

Date: _____

Date: _____

Notary as to Owner or Agent

Notary as to Developer

My commission expires:

My commission expires:

Application approved by: _____ City Planner.