



APPLICATION FOR DEVELOPMENT ORDER APPROVAL FOR CONSTRUCTION OF A COMMUNICATOIN CELLULAR TOWER

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850-265-0506

The following must be submitted with this application:

Hard Copy Submittals: Six (6) set of Site Plan along with one (1) CD or USB of all materials submitted with this application.

Electronic Submittals will be accepted in lieu of hard copies. Please email to develop_plan@cityoflynnhaven.com

ALL REQUIREMENTS LISTED IN ULDC TABLE 10.01.02 AND TABLE 10.01.03 MUST BE MET.

DATE _____ PERMIT FEES\$ _____ (Office use only PERMIT NUMBER _____)

OWNER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # _____ CELL # _____

DEVELOPER'S NAME: _____

EMAIL _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE# _____ CELL# _____ FLA LIC# _____

LOCATION OF DEVELOPMENT: _____

PARCEL ID# _____

SIZE OF PARCEL: _____ ACRES

LEGAL DESCRIPTION: _____

CITY'S CURRENT LAND USE _____

FUTURE LAND USE DESIGNATION CHANGES REQUIRED IF ANY:

BONDING COMPANY: _____

ADDRESS: _____

BONDING AMOUNT \$ _____

ARCHITECT'S/ENGINEER'S NAME _____

ADDRESS: _____

LIST OF FRANCHISES OBTAINED: _____

PER SETION 76-3(V):

ARE CURRENT REQUIRED SETBACKS BEING MET: YES [] NO []

(120% OF THE HEIGHT OF THE PROPOSED STRUCTURE FROM ALL PROPERTY LINES)

WHERE SETBACKS CANNOT BE MET, A DEVELOPOR MUST SUBMIT A CERTIFIED, SIGNED AND SEALED STATEMENT FROM A FLORIDA REGISTERED PROFESSIONAL STRUCTURAL ENGINEER WHICH DEMONSTRATES THAT THE CELL TOWER DESIGN FALL RADIUS SHALL NOT ENCROACH UPON EXISTING OFF-SITE STRUCTURES OR ADJACENT RESIDENTIALLY DESIGNATED PROPERTY.

RESPONSIBLE PARTY FOR MAINTENANCE OF SITE:

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ CELL _____ FL LIC# _____

PERMITS SUBMITTED: 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 **REQUIRED** TO BE PROVIDED

	YES	NO	N/A
SITE PLANS (if part of a master plan must show overall plan on site plans)	()	()	()
LANDSCAPE PLANS (Signed & sealed)	()	()	()
LEGAL DESCRIPTION	()	()	()
SURVEY (Signed and Sealed)	()	()	()
WETLAND DELINEATION	()	()	()
IRRIGATION PLANS	()	()	()
LIGHTING PLANS	()	()	()
L.O.S. CALCS.			
EDUCATION	()	()	()
WATER	()	()	()
SEWER	()	()	()
SOLID WASTE	()	()	()
RESTRICTIVE COVENANTS	()	()	()

FLOOD ZONE DATA (including flood zones)	()	()	()
STREETS NAMED	()	()	()
EASEMENTS & ROWS IDENTIF.	()	()	()
REC/OPEN SPACE ALLOWED	()	()	()
SIGN POSTED	()	()	()

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.

Rev. 2/2021