



# Development Order Application and Fee Schedule

Planning and Development Department | Lynn Haven, Florida

817 Ohio Ave., Lynn Haven FL, 32444 | [planning@cityoflynnhaven.com](mailto:planning@cityoflynnhaven.com) | 850-248-0506

## PETITION FOR CONTRACTION

**Applicant Name:** \_\_\_\_\_  
(attach letter from property owner, if Applicant is acting as agent)

**Applicant Contact Information:**

Mailing address: \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Address/Location/Parcel No. of Property for Contraction:**

Property Address: \_\_\_\_\_

Bay County Property Appraiser Parcel ID No: \_\_\_\_\_

Bay County Tax ID No: \_\_\_\_\_

**Describe Structures Currently On or Any Unique Features of Parcel:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Information for Contraction:**

- Completed Water and Sewer Availability Request
- Application Fee \$200
- Is the property contiguous to the City limits of Lynn Haven? YES \_\_\_\_\_ NO \_\_\_\_\_  
*(Planning Dept – attach map clearly showing the area and parcel proposed to be excluded).*
- Is the property within the City limits of another City? YES \_\_\_\_\_ NO \_\_\_\_\_
- Approximate square footage/acreage of parcel to be contracted: \_\_\_\_\_
- Attach a current survey (within the past 12 months) including the legal description of the property proposed to be contracted.
- Has this property ever been annexed into the City? YES \_\_\_\_\_ NO \_\_\_\_\_
- Number of persons residing on property: \_\_\_\_\_
- Is or has the parcel been part of or subdivided by plat? YES \_\_\_\_\_ NO \_\_\_\_\_
- Current land use designation of the property is: \_\_\_\_\_
- What City services are currently provided to the property? (Check all that apply)
 

_____ Roads (public only)	_____ Fire
_____ Potable water	_____ Police
_____ Sanitary Sewer	_____ Reuse Water
_____ Solid Waste	_____ Nearby City Park
- Other (Please specify): \_\_\_\_\_

**Please describe your reasons for requesting contraction from the City:**

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\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Co-Applicant Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Printed Name*

Notarized Authorization:

\*If the applicant is not the property owner and the owner is allowing the applicant to act on their behalf, a notarized signature of the owner is required.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_, by \_\_\_\_\_

(Name of Person Making Statement)

\_\_\_\_\_  
(Official Notary Signature).

NOTARY SEAL

Name of Notary Type Printed

Personally known: \_\_\_\_\_ or Produced Identification: \_\_\_\_\_,

Identification Produced: \_\_\_\_\_