DEVELOPMENT REVIEW APPLICATION

ESCAMBIA COUNTY DEVELOPMENT SERVICES DEPARTMENT
3363 West Park Place, Pensacola, FL 32505 850-595-3472
www.myescambia.com

Project Name_____

Project Address: _____

Choose either BOX 1 or BOX 2, mark ONLY ONE (1) application type. In BOX 3, mark only one type of proposed land use.

BOX 1 Major Development Application Type	**BOX 2:** Minor Development Application Type
1) ____Site Plan 2) ____Preliminary Plat 3) ____Master Plan 4) ____Unplatted Subdivision 5) ____ Final Plat 6) ____ Artificial Lake 7) ____ Artificial Pond	1) ____ Site Plan Minor (See form on web site titled "Minor Development Site Plan Submittal")

BOX 3 Type of Proposed Land Use	____Commercial	____Residential	____ Both

List the Property Reference Number(s) for all parcels involved:

Parcel	Sec #	Twp #	Rge #	Sub #	Lot #	Blk #	**Parcel**	Sec #	Twp #	Rge #	Sub #	Lot #	Blk #
1							**4**						
2							**5**						
3							**6**						

Project Narrative: Describe the proposed development project including: 1) all existing property uses, conditions and improvements, 2) all proposed uses, 3) height of each building/ structure in stories and feet, 4) federal and state regulatory permits required, 5) density transfer calculations if density transfer is proposed. *(A separate written narrative may be submitted with the application instead of using the space provided below).*

_____

_____

_____

_____

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_____

Property Owners: Name: _____

Street address: _____ City: _____State: _____

Zip Code: _____ Phone: Work (_____) _____ Cell (_____) _____ Fax (_____) _____

E-mail address: _____

Developer: Name: _____

Street address: _____ City: _____ State: _____

Zip Code: _____ Phone: Work (_____) _____ Cell (_____) _____ Fax (_____) _____

E-mail address: _____

Agent / Engineer: Name: _____

Street address: _____ City: _____ State: _____

Zip Code: _____ Phone: Work (_____) _____ Cell (_____) _____ Fax (_____) _____

E-mail address: _____

Provide the requested information in the space provided:

Future Land Use Category(ies): _____ Zoning District(s): _____

Has any part of the project site been previously involved in a Future Land Use Map Amendment, Application for Rezoning, Application for Conditional Use, Application for Variance, Application for Vested Rights, Appeal of Administrative Decision, other county review?
No_____ Yes _____ If YES, which type: _____, Date _____/_____/_____, Case # _____

Does the proposed project require a Variance, Conditional Use Approval, Rezoning, or a Future Land Use Change?
No_____ Yes_____ If YES, which: _____ If YES, attach written explanation.

***If you would like to apply for a Variance (as required by the Land Development Code) prior to the issuance of a Development Order, please contact Andrew Holmer (850) 595-3472.**

Provide the requested information in the space provided:

Water Provider: _____ Septic____ Sewer_____ Provider:_____

Are there existing building(s) on site? No_____ Yes_____

Describe last use of building(s): _____

SQ. FT. of Building Footprint: _____

SQ. FT. of Impervious Surface (Including Bldg Footprint): _____

Total Site Acreage: _____ Total Acreage to be disturbed: _____

Total Acres of Wetlands: _____Total Acres of Wetlands to be disturbed: _____

Number of Trees on site: _____Number of Trees to be removed: _____

If you have any question or comments regarding this application, please contact us at (850) 595-3472.

We appreciate suggestions of how to improve our services.

DEVELOPMENT REVIEW APPLICATION CERTIFICATION FORM

I affirm and certify that I am duly qualified as authorized agent to make such application; that I understand the questions asked in the application; that all information and statements submitted in any documents or plans concerning this application are accurate to the best of my knowledge and belief; that I understand the application, attachments, and fees become part of the Official Records of Escambia County and not returnable or refundable; that this application is of my own choosing and staff has explained all procedures relating to this request; that there are no guarantees as to the outcome of this request; that the application is being accepted subject to verification of information; that any false information knowingly given by me may result in denial of the application, and that additional information may be required by Escambia County in order to make a determination.

_____

Name of Proposed Development

_____ _____

Authorized Agent's Signature **Date**

Agents Name (print): _____

Company Name: _____

Street address: _____ City: _____ State: _____

Zip Code: _____ Phone: Work (_____) _____ Fax:(_____)_____

STATE of _____

COUNTY of_____

The forgoing instrument was acknowledged before me this _____ day of _____ ,

year of _____ by _____who ( ) did ( ) did not take an oath.

He/she is ( ) personally known to me, ( ) produced current Florida/Other driver's license, and/or ( )produced current

_____as identification.

_____ _____

Signature of Notary Public Date Printed Name of Notary

_____ _____

My Commission Expires Commission No. (Notary seal must be affixed)

AFFIDAVIT OF OWNERSHIP AND LIMITED POWER OF ATTORNEY

As owner of the property located at _____, Pensacola, Florida, property reference number(s) _____, I hereby designate _____ for the sole purpose of completing this Development Review Application and to act on my behalf during the county's processing of the Development Review Application on the above referenced property.

This Limited Power of Attorney is granted on this _____day of _____the year of _____ and is effective until the County has rendered a decision on this request and any appeal period has expired. The owner reserves the right to rescind this Limited Power of Attorney at any time with a written, notarized notice to the Department of Growth Management.

_____ _____

Signature of Property Owner Date Printed Name of Owner

STATE of _____

COUNTY of_____

The forgoing instrument was acknowledged before me this _____ day of _____ , year of _____ by _____who ( ) did ( ) did not take an oath.

He/she is ( ) personally known to me, ( ) produced current Florida/Other driver's license, and/or ( )produced current _____as identification.

_____ _____

Signature of Notary Public Date Printed Name of Notary

_____ _____

My Commission Expires Commission No. (Notary seal must be affixed)