



DEVELOPMENT SERVICES

BUILDING | HISTORIC PRESERVATION | PLANNING & ZONING

FOR OFFICE USE ONLY
FILE #:
DATE SUBMITTED:

100 NW 1st AVENUE, DELRAY BEACH, FLORIDA 33444 | (561) 243-7040 | (561) 243-7221 (fax) | www.delraybeachfl.gov

UNIVERSAL APPLICATION

SITE PLANS	OTHER REQUEST TYPES
Level 1 <input type="checkbox"/> Color or Material Change, incl. awnings <input type="checkbox"/> Architectural Elevation Modification <input type="checkbox"/> Landscape Modifications, Like-Kind Species <input type="checkbox"/> Landscape Plan Revision <input type="checkbox"/> Mural <input type="checkbox"/> Site Revision (Hardscaping, Fence, etc.)	<input type="checkbox"/> Abandonment of Easement <input type="checkbox"/> Abandonment of Right-of-Way <input type="checkbox"/> Amendment to the Comprehensive Plan: <input type="checkbox"/> Annexation of Territory <input type="checkbox"/> Beach Property Overlay District Review <input type="checkbox"/> Change of Zoning District Designation (Rezoning) <input type="checkbox"/> Comprehensive Plan Text Amendment <input type="checkbox"/> Conditional Use <input type="checkbox"/> Land Development Regulations Text Amendment <input type="checkbox"/> Land Use Map Amendment <input type="checkbox"/> Master Development Plan <input type="checkbox"/> Master Sign Program <input type="checkbox"/> Public Parking Fee <input type="checkbox"/> Relief (Select all that apply): <input type="checkbox"/> Variance <input type="checkbox"/> Waiver <input type="checkbox"/> Internal Adjustment <input type="checkbox"/> Subdivision/Final Plat: <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Other _____
Level 2 <input type="checkbox"/> Mixed-Use or Commercial, up to 15,000sf <input type="checkbox"/> Residential, up to 5 units	
Level 3 <input type="checkbox"/> Mixed-Use or Commercial, more than 15,000sf <input type="checkbox"/> Residential, more than 5 units	
Level 4 <input type="checkbox"/> Mixed-Use or Commercial, more than 15,000sf <input type="checkbox"/> Residential, more than 5 units	

- Notes:**
- This Application must be submitted with the required items identified in the Application Checklist.
 - Separate applications, other than relief requests, must be submitted when multiple applications are associated with the same development.
 - Contact Development Services at 561-243-7040 to schedule an appointment for application submittal review.

PROJECT INFORMATION

PROJECT NAME: _____

ADDRESS: _____

PROPERTY CONTROL NUMBER (PCN): _____

BUILDING PERMIT ASSOCIATED WITH REQUEST: <input type="checkbox"/> YES <input type="checkbox"/> NO PERMIT NUMBER: _____ - _____	REQUEST IS ASSOCIATED WITH A CODE ENFORCEMENT CASE: <input type="checkbox"/> YES <input type="checkbox"/> NO CITATION NO.: _____
---	---

EXISTING PROPERTY INFORMATION

LAND USE DESIGNATION:	ZONING DISTRICT:	DATE OF ORIGINAL CONSTRUCTION:
EXISTING PROPERTY USE:	SIZE OF PROPERTY: _____ SQ. FT. _____ ACRES	LOT DIMENSIONS: _____ WIDTH _____ DEPTH _____ FRONTAGE _____ AREA

LEGAL DESCRIPTION

ATTACH SEPARATE SHEET IF NECESSARY IN A MS WORD FORMAT):

PROPOSED REQUEST INFORMATION

DESCRIBE IN DETAIL THE PROPOSED REQUEST AND PROVIDE RELEVANT INFORMATION PERTAINING TO THE EXISTING PROPERTY AND USE. A SEPARATE NARRATIVE MAY BE SUBMITTED AS AN ATTACHMENT.

[Identify the existing and proposed use (principal and accessory) and proposed changes including site and building modifications. For use conversions, site expansion and new development, please also identify the proposed hours of operation, use activities and operations, parking spaces, and indicate if the proposal will be constructed in phases. Indicate if other applications, including waiver and variance requests, have been or will be submitted in conjunction with this request.]

CONTACT INFORMATION

PROPERTY OWNER

PROPERTY OWNER NAME:

ADDRESS:

CITY:

STATE:

ZIPCODE:

EMAIL ADDRESS:

TELEPHONE NUMBER:

APPLICANT (IF DIFFERENT THAN OWNER)

APPLICANT NAME:

ADDRESS:

CITY:

STATE:

ZIPCODE:

EMAIL ADDRESS:

TELEPHONE NUMBER:

DESIGNATED AGENT

AGENT NAME:

ADDRESS:

CITY:

STATE:

ZIPCODE:

EMAIL ADDRESS:

TELEPHONE NUMBER:

OWNER'S CONSENT

I _____ (*Owner's Name as it appears on the recorded warranty deed, see notes below if owned by a business), the fee simple owner of the property with the following legal description (as it appears on the warranty deed; attach separate sheet if necessary):

_____ her
eby petition to the City of Delray Beach for _____ (application type). I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. I consent to inspections, photographing and placement of signs on the subject property by City Staff for purposes of consideration of this application and/or presentation to the approving body. Further, I understand that this application, attachments and fees become part of the Official Records of the City of Delray Beach, Florida, and are not returnable.

SIGNATURE - OWNER

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____ (name of person acknowledging), who has produced _____ as identification and/or is personally known to me.

SIGNATURE - NOTARY PUBLIC

PRINT NAME - NOTARY PUBLIC

NOTARY SEAL OR STAMP

My Commission Expires: _____

OWNER'S DESIGNATION OF AGENCY

I _____ (*Owner's Name as it appears on the recorded warranty deed, see notes below if owned by a business), the fee simple owner of the property with the following legal description (as it appears on the warranty deed; attach separate sheet if necessary):

_____ her
eby affirm that _____ (Agent's Name) is hereby designated to act as agent of my behalf to petition the City of Delray Beach for _____ (application type). I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of the City of Delray Beach, Florida, and are not returnable.

SIGNATURE - OWNER

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____ (name of person acknowledging), who has produced _____ as identification and/or is personally known to me.

SIGNATURE - NOTARY PUBLIC

PRINT NAME - NOTARY PUBLIC

NOTARY SEAL OR STAMP

My Commission Expires: _____

*NOTE: When an application is executed on behalf of a corporation or business entity, documentation must be provided which demonstrates that the corporation's representative is authorized to act on behalf of the corporation; these forms are available on the website under Supplemental Forms.

APPLICATION ACKNOWLEDGEMENTS

Please read the following and acknowledge below:

- A pre-application meeting with a member of the Department is required and can be scheduled by appointment at 561-243-7040 or pzmail@mydelraybeach.com. Please identify;
Meeting date _____
Name of department member(s) present _____
- All documentation submitted for this application is considered a public record subject to Chapter 119 of the Florida Statutes and shall be disclosed upon request.
- I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand that any knowingly false, inaccurate or incomplete information provided by me will result in the denial, revocation or administrative withdrawal of this application, request, approval or permit. I further acknowledge that additional information may be required by the City of Delray Beach, Florida to process this application.
- A resubmittal fee (40% of Site Plan Fee) will be applied to third and subsequent resubmittals.
- Project waivers identified during the proposal technical review that were not identified in the initial submittal are subject to an increased fee (\$3,000) per request.
- The applicant is responsible for postponement and additional advertising fees along with providing revised notice requirements when a request for postponement is submitted by the applicant or the item is delayed due to an Act of God or the representative's absence/tardiness to attend the meeting and present the item.
- Resubmissions will be distributed to TAC for compliance review. Resubmissions must be provided within 60 days of the receipt of comments and shall include a written statement identifying how each review comment has been addressed. The applicant and City may agree to a reasonable extension of time based upon circumstances, such as the complexity, size, or necessary relief through a board action; however, failure to contact the City in writing within 60 days of the receipt of TAC comments will be considered an automatic withdrawal of the project and the application file will be closed.
- An appeal is a request for a review and reversal of any action which, if not appealed, is final. An appeal may be made of an administrative interpretation, or a decision made by an administrative official or body, or acting body. The appeal of an administrative interpretation shall be made to the Board for which such power has been granted; an appeal of an administrative or acting Board's action shall be made to the City Commission. All such actions are appealable unless an appeal is expressly prohibited. Only the applicant and the City Commission may appeal a decision to the City Commission.
- When a final decision is made at a public meeting, and the appeal period has passed, the request is considered final. A new application, including any required fees and documents, is required to be submitted for consideration of new and redesigned proposals or additions and changes to previously acted on proposals.

The aforementioned has been read and acknowledged by:

SIGNATURE - OWNER/APPLICANT

SIGNATURE - DESIGNATED AGENT

PRINT NAME - OWNER/APPLICANT

PRINT NAME - DESIGNATED AGENT