

**CONSTRUCTION PLAN APPROVAL/AMENDMENT**  
City of Fellsmere, 22 S. Orange Street, Fellsmere, Florida 32948  
Phone: 772-571-9077 Fax: 772-571-0097

**Applicant Information**

Company \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Real Property Owner**

Company \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

If Applicant is not owner of property, provide signed authorization from owner permitting application and acknowledging responsibility for all fees, fines, and property encumbrances that may be imposed as a result of this application.

**Property Information**

Property Folio No. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permits Required**

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

**Final Site Plan Approval:** Yes \_\_\_\_\_ Pending \_\_\_\_\_ **Preliminary Plat Approval:** Yes \_\_\_\_\_ Pending \_\_\_\_\_  
Approval Resolution# \_\_\_\_\_ Approval Resolution# \_\_\_\_\_

**Project Description** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional Consultants (if applicable)**

Architect \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Engineer \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Traffic \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Surveyor \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Application Requirements**

Please refer to the City of Fellsmere Development Guide and Land Development Code Sec. 15.6.  
A checklist of application requirements is also available from the Community Development Department.

**FOR CITY USE ONLY**

Date Application Complete \_\_\_\_\_

Associated Site Plan/Conditional Use/Planned Development: \_\_\_\_\_  
Fee Due \_\_\_\_\_ Escrow Fee Due \_\_\_\_\_ Receipt # \_\_\_\_\_ Receipt Date \_\_\_\_\_  
Routing: CM Fin. Util. FD PD Att. Eng. Traf. Env. Arch. IRC-Util. IRC-Road  
(circle applicable review entities) Project Name \_\_\_\_\_ Project No. \_\_\_\_\_