

APPLICATION FOR PLAT APPROVAL/AMENDMENT

City of Fellsmere, 22 S. Orange Street, Fellsmere, Florida 32948

Phone: 772-571-9077 Fax: 772-571-0097

Check all that apply:

Preliminary Plat: _____

Final Plat: _____

Applicant Information

Company _____
Name _____
Address _____

Phone _____
Mobile _____
Fax _____
Email _____

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

Real Property Owner Information

Company _____
Name _____
Address _____

Phone _____
Mobile _____
Fax _____
Email _____

Property Information

Property Folio No. _____
Address _____

Legal Description Attached: Yes No
Gross Land Area _____ sf or ac
Existing Use _____
Proposed Use _____

Project Description

Professional Consultants (if applicable)

Engineer _____
Name _____
Address _____

Phone _____
Mobile _____
Fax _____
Email _____

Surveyor _____
Name _____
Address _____

Phone _____
Mobile _____
Fax _____
Email _____

Traffic _____
Name _____
Address _____

Phone _____
Mobile _____
Fax _____
Email _____

STATE OF _____
COUNTY OF _____

I, _____, being first duly sworn, dispose and say that:

_____ I am the owner of the subject property, or if corporation, I am the officer of the corporation authorized to act on this request.

_____ I am the legal representative of the owner of the subject property of this application.

All the answers to the questions in this application and all sketches and data attached to and made part of this application are true to the best of my knowledge.

Signature of Applicant

Date

SWORN TO AND SUBSCRIBED before me this _____ day of _____, by _____, who is personally known to me or produced _____ as identification.

Notary Public / My Commission Expires:
My Commission Number is:

Application Checklist – Two COPIES OF EACH APPLICABLE ITEM

- ___ Application fees as set by resolution of the City Council
- ___ Warranty Deed for subject property
- ___ Legal description and sketch of the property subject to the plat including word version of legal description containing total acreage
- ___ Certificate of Title from an attorney or Title Insurance Company dated no further than 6 months before date of application
- ___ Boundary and Topographic Survey dated no further than 6 months before date of application
- ___ Certificate of good standing for corporate owner/copy of articles of incorporation, if applicable
- ___ Letter of authorization of all lien holders (if applicable)
- ___ If the property is not owned or is owned only in part by the applicant, a notarized letter must accompany the application giving written consent by all property owners of the subject property
- ___ A Preliminary or Final Plat as set forth in the Land Development Code, Article XV
- ___ Environmental Assessment
- ___ Traffic Study
- ___ Tree Survey
- ___ Concurrency Review
- ___ Typical roadway cross-section
- ___ Property Owner Association documents, if applicable
- ___ Declaration of Covenants and Deed Restrictions, if applicable
- ___ Certified cost estimate of improvements for final plats with a construction or maintenance agreement.
- ___ Securities as required by the Land Development Code, if applicable
- ___ Timetable for commencement and completion of all required improvements
- ___ Tax receipts indicating that ad valorem taxes have been paid in full
- ___ Bill of Sale conveying to the City water, sewer, and other pertinent utility lines, mains, lift stations and other personal property required to be installed and to be dedicated to the City
- ___ Mailing labels of names and addresses of all property owners within a 300' radius of the property covered by this application. Names and addresses of property owners shall be obtained from the Indian River County Property Appraiser's Office or an Attorney or Title Company

FOR CITY USE ONLY

										Date Application Complete _____			
Permit Type:	≤50ac	>50ac	Single Parcel	Zoning Conf.:	Y	N	Conc. Rvw.:	Y	N				
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.	_____