



TOWN OF PALM BEACH
 Planning, Zoning & Building Department
 360 South County Road
 Palm Beach, FL 33480
 (561) 838-5430 • www.townofpalmbeach.com

DEVELOPMENT REVIEW APPLICATION

Updated 06/02/21

Application Information			
FILE NUMBER:	ZONING NUMBER (if applicable):	DATE:	
<input type="checkbox"/> LANDMARKS <input type="checkbox"/> Certificate of Appropriateness for design approval <input type="checkbox"/> Certificate of Appropriateness for demolition <input type="checkbox"/> Historically Significant building <input type="checkbox"/> Historic district/ Site designation / undesignation <input type="checkbox"/> Town Council Combination review <input type="checkbox"/> LPC Staff Level Approval <input type="checkbox"/> Other (expand below) <input type="checkbox"/> Tax abatement project	<input type="checkbox"/> ARCOM <input type="checkbox"/> Design review approval- major project <input type="checkbox"/> Design review approval- minor project <input type="checkbox"/> Design review approval- minor no notice <input type="checkbox"/> Demolition <input type="checkbox"/> Town Council Combination review <input type="checkbox"/> Dimensional Waiver <input type="checkbox"/> ARCOM Staff Level Approval <input type="checkbox"/> Other (expand below)		
<input type="checkbox"/> TOWN COUNCIL			
<input type="checkbox"/> Special exception <input type="checkbox"/> Variance(s) <input type="checkbox"/> Site plan review <input type="checkbox"/> Division of land / replat <input type="checkbox"/> Amendment to the Town’s zoning Code or zoning map or Comprehensive Plan or future land use map <input type="checkbox"/> Other (expand below)			
<input type="checkbox"/> Other:			
Property Information – Please attach Legal Description as “Exhibit A” (page 5)			
ADDRESS OF PROPERTY			
FOLIO NUMBER(S)			
Property Owner Information			
PROPERTY OWNER NAME			
ADDRESS	CITY	STATE	ZIPCODE
BUSINESS PHONE	MOBILE PHONE	EMAIL ADDRESS	
Applicant Information (if different than owner)			
APPLICANT NAME			
ADDRESS	CITY	STATE	ZIPCODE
BUSINESS PHONE	MOBILE PHONE	EMAIL ADDRESS	

Authorized Representative(s) Information (if applicable)			
NAME		<input type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> Other _____	
ADDRESS		CITY	STATE ZIPCODE
BUSINESS PHONE	MOBILE PHONE	EMAIL ADDRESS	
NAME		<input type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> Other _____	
ADDRESS		CITY	STATE ZIPCODE
BUSINESS PHONE	MOBILE PHONE	EMAIL ADDRESS	
Summary of Request (NOTE: A separate Letter of Intent (LOI) is required as part of the submittal prerequisite)			
PROVIDE A BRIEF SCOPE OF PROJECT REQUEST 			
Project Information			
Is there an existing building(s) on the site?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the project include minor exterior demolition?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the project include total demolition?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the project include exterior alterations?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the project include site plan modifications?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide the total square footage of the new construction.			SF.
Provide the gross square footage of the new construction (including parking and all usable area).			SF.
Design Professional (primary design professional responsible for project design)			
NAME: LICENSE #: <input type="checkbox"/> Check this box if you are a Commission member that will result in a voting conflict of interest		<input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Other _____	
ADDRESS		CITY	STATE ZIPCODE
BUSINESS PHONE	MOBILE PHONE	EMAIL ADDRESS	

Please note the following information:

- Only submittals deemed **complete applications** shall be scheduled for consideration and placed on an agenda.
- A separate disclosure of interest form must be submitted with this application if the applicant or owner is a corporation, partnership, limited partnership or trustee. See Exhibit B
- All applicable affidavits must be completed and the property owner must complete and sign the "Power of Attorney" portion of the affidavit if they will not be present at the hearing, or if other persons are speaking on their behalf.
- Public records notice – 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.
- When the applicable board reaches a decision a Development Order will be issued stating the decision and any conditions imposed therein. The original development order shall remain on file with the Town of Palm Beach Planning, Zoning, & Building Department. Under no circumstances will a building permit be issued by the Town without a copy of the signed Development Order being included and made a part of the plans submitted for a building permit.

Please read the following and acknowledge below:

- As part of the project approval, I voluntarily agree to dedicate a utility easement supporting the undergrounding project to the satisfaction of the Town of Palm Beach, which may include the installation of aboveground electrical equipment and pads to be placed on my property.

The aforementioned is acknowledged by:

- Owner of the subject property
- Authorized representative

SIGNATURE

PRINT NAME

DATE SIGNED

APPLICANT AFFIDAVIT

I, _____, being first duly sworn, depose and certify as follows: (1) I am the applicant or representative of the applicant. (2) This application and all information submitted in support of this application, including sketches, data, and other supplementary materials, are true and correct to the best of my knowledge and belief. (3) I acknowledge and agree that, before this application may be publicly noticed and heard by a review commission, the application must be complete and all information submitted in support thereof must be accurate.

SIGNATURE

If signed by a legally authorized agent, must be accompanied by a Power of Attorney form (below), authorizing the signer to sign on owner's behalf.

POWER OF ATTORNEY AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, _____, being first duly sworn, depose and certify as follows: (1) I am the owner or representative of the owner of the real property that is the subject of this application. (2) I hereby authorize _____ to be my representative before the _____.

PRINT NAME (and Title, if applicable)

SIGNATURE

Sworn to and subscribed before me this _____ day of _____, 20____. The foregoing instrument was acknowledged before me by _____, who has produced _____ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP

NOTARY PUBLIC

My Commission Expires: _____

PRINT NAME

**“Exhibit A”
LEGAL DESCRIPTION**

"Exhibit C"
NOTICE AFFIDAVIT



FILE NUMBER: _____

FILE NUMBER: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH ,TOWN OF PALM BEACH

BEFORE ME THIS DAY PERSONALLY APPEARED _____
WHO BEING DULY SWORN, DEPOSES AND SAYS THAT:

1. He/she is the owner, or the owner's authorized agent*, of the real property legally described in the Application; and
2. The accompanying Property Owners List is, to the best of his/her knowledge, a complete and accurate list of all property owners' mailing addresses and property control numbers dated no more than 90 days prior to the meeting at which the subject application will be heard, and as recorded in the latest official tax rolls for the subject property and all other property within **three hundred (300) feet, or other radius distance if required**, of the real property described in the Application, or all property within **three hundred (300) feet, or other radius distance if required**, of all contiguous property owned wholly or in part by the owner of the real property described in the Application for approval, if applicable; and
3. A copy of each page of the application plus project Notice of Meeting Date to all surrounding Property Owners (as described above in 2.) and **TOWN HALL** is included in each envelope submitted for mailing, and will be mailed **at least 30 days prior** to the meeting using the labels provided by the Property Appraiser's office.

FURTHER AFFIANT SAYETH NOT.

The foregoing instrument was acknowledged before me this _____ day of _____, by
Month/Year

_____ who is personally known to me or who has produced
(Name of person acknowledging)

_____ as identification.
(Type of identification)

Applicant's (or Agent's*) Signature

Applicant's (or Agent's) Printed Name

Notary as to Owner or to Authorized Agent

Applicant's (or Agent's*) Address

My Commission Expires: _____

***If Agent, you must attach a Power of Attorney or Authorization from the Property Owner**