STAFF USE ONLY
Intake Date:_____
By:_____
Fee Paid:_____
Receipt:_____
Petition #_____

# City of Parkland

## Planning and Zoning Department

6600 University Drive, Parkland, FL 33067 Phone (954) 753-5040 Fax (954) 341-5161

## GENERAL APPLICATION

INSTRUCTIONS TO APPLICANT:

1. Please complete all sections of this application.

2. Pay a filing fee in the amount of seventy ($70.00) per hour and one escrow in the amount of four hundred dollars ($400) for advertisement fees. Since advertising costs vary, the final amount will be reconciled upon receipt of invoices from the newspaper.

### I. PROPERTY OWNER AND AGENT INFORMATION

**Property Owner(s) of Record**:_____

Address:_____ City:_____ ST:_____ Zip:_____

Phone:_____ E-Mail Address:_____

**Applicant (if other than owner):**_____

Address:_____ City:_____ ST:_____ Zip:_____

Phone:_____ E-Mail Address:_____

**Agent & Company Name:**_____

Address:_____ City:_____ ST:_____ Zip:_____

Phone:_____ E-Mail Address:_____

Consultants: If applicable to your request, please attach a separate list of all consultants that will provide information on this request. You should include the name, address, telephone number, and fax number as well as the type of professional service provided.

### II. PROJECT LOCATION

A. Is the subject property located within one mile of another municipality? [ ] yes [ ] no

If 'yes' please specify: _____

B. Folio Number: If additional folios, list on a separate sheet and attach to the application.

Folio: [ ][ ]--[ ][ ]--[ ][ ]--[ ][ ]–[ ][ ]–[ ][ ][ ]–[ ][ ][ ][ ]

C. Section:_____ Township:_____ Range:_____ Total Acreage of Subject Property _____

D. Project Name:_____

E. Project Address: _____

F. General Location Description (proximity to closest major intersection in miles or fractions thereof):

_____

_____

## III. PROJECT DESCRIPTION

*(Please provide a project description, attach additional sheets as necessary)*

## OWNER ACKNOWLEDGEMENT

I/We: _____, do hereby swear/affirm that I/we am/are the owner(s) of the property referenced in this application

I/We certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that this application, attachments and fee become part of the official record of the Planning & Zoning Department of the City of Parkland and the fee is not refundable. I/We understand that any knowingly false information given by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. I/We further acknowledge that additional information may be required by the City of Parkland in order to process this application.

I/We further consent to the City of Parkland to publish, copy or reproduce any copyrighted document for any third party submitted as part of this application.

Signature(s) of Owner(s)_____

Print Name(s)_____

## CONSENT STATEMENT
**Owner to complete if using agent/representative**

I/We, the aforementioned owner(s), do hereby give consent to _____ to act on my/our behalf to submit this application, all required material and documents, and attend and represent me/us at all meetings and public hearings pertaining to the request(s) and property I/we own described in the attached application. Furthermore, as owner(s) of the subject property, I/we hereby give consent to the party designated above to agree to all terms or conditions that may arise as part of the approval of this application for the proposed use.

Signature(s) of Owner(s)_____

Print Name(s)_____

## NOTARY

STATE OF FLORIDA
COUNTY OF _____

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

_____ My Commission Expires: _____
(Signature of Notary)

_____ (NOTARY'S SEAL OR STAMP)
(Name – Must be typed, printed, or stamped)