



CITY OF PARKLAND

Planning and Zoning Department

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

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

DEVELOPMENT ORDER AMENDMENT (DOA) APPLICATION

INSTRUCTIONS TO APPLICANTS:

1. Please complete all questions on the application. If not applicable, indicate with N/A.
2. Provide required attachments as shown on the attached checklist.
3. Pay a filing fee in the amount of three thousand (\$3,000) dollars, advertising fees in the amount of one thousand nine hundred (\$1,900) dollars, engineering fees in amount of one thousand dollars (\$1,000.00) and an escrow in the amount of one thousand dollars (\$1,000.00) for professional fees. (Please note that the escrow must maintain a minimum balance of \$500.00 at all times.) Since advertising and professional costs vary, the final amount will be reconciled upon receipt of invoices from the newspaper and professional contractors.

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. TYPE OF DOA REQUESTED

Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Amendment to Master Business List | <input type="checkbox"/> Add land area |
| <input type="checkbox"/> Amendment to previous conditions of approval | <input type="checkbox"/> Delete land area |
| <input type="checkbox"/> Redesignate land uses | <input type="checkbox"/> Reconfigure Site Design |
| <input type="checkbox"/> Other (indicate proposed amendment) | |

III. PROPERTY LOCATION

- A. Is the subject property located within one mile of another municipality? [] yes [] no
 If 'yes' please specify: _____
- B. Property Control Number (PCN): If additional PCNs, list on a separate sheet and attach to the application.
 PCN: [][]--[][]--[][]--[][]--[][]--[][]--[][][]--[][][][]
- 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):

IV. LAND USE AND ZONING INFORMATION

- A. Zoning Designation:_____ Future Land Use Designation:_____
- B. Existing Use(s) on Property:_____
- C. Proposed Use(s):_____

V. PROJECT HISTORY

(List in sequence from first application to most recent – attach additional page if necessary):

Petition Number	Request	Action	Date	Resolution Number

VI. ADJACENT PROPERTIES

Adjacent Property to the:	Land Use Designation	Zoning Designation	Existing Use(s) of Property	Approved Use(s) of Property*	Petition & Resolution Number
NORTH					
SOUTH					
EAST					
WEST					

- If adjacent land supports a previous approval by the City of Parkland, please include a brief description of the approved use(s) and the approved square footage or number of dwelling units.

VII. COMPLIANCE
(Attach additional sheets, if necessary)

Is property in compliance with all previous conditions of approval and/or applicable Code requirements?

yes no If no, please explain: _____

Report on the status of all previous conditions of approval: _____

Does the request result in a significant change to the development for compliance under time limitations?

yes no If 'yes', please explain: _____

Will this request result in an application request for a time extension for commencement of development because of "substantial change in land use" yes no If 'yes', please explain: _____

Is property in compliance with the Comprehensive Plan? yes no If 'yes', please explain: _____

VIII. APPLICANT'S USE JUSTIFICATION STATEMENTS
(Attach additional sheets if necessary)

List use(s) or other approvals requested:

Justification for each use or other approval requested:

How does this application affect concurrency status: _____

IX. AMENDMENT OF PREVIOUS CONDITIONS OF APPROVAL
(Attach additional sheets if necessary)

A. Provide exact language of each previous condition proposed to be amended (include condition and resolution numbers). **YOU MUST PROVIDE A COPY OF THE RESOLUTION.** _____

B. Provide language of proposed amendment. _____

C. Provide detailed description of the justification for each proposed amendment. _____

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.

(Signature of Notary) My Commission Expires: _____

(Name – Must be typed, printed, or stamped)

(NOTARY'S SEAL OR STAMP)



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DEVELOPMENT ORDER AMENDMENT SUBMITTAL CHECKLIST

I. GENERAL

PLEASE CHECK		
YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. One original completed application and ten (10) copies of the completed application, signed by owner, agent and/or applicant. Agent's authorization or power of attorney must be attached if applicant is other than owner.
- b. Required application fees.
- c. Ten (10) copies of a warranty deed including property control number or folio number and legal description of the property.
- d. A recent aerial photograph of the site with a minimum scale of 1"=300 and recent tax map showing the effected property.
- e. Legal description of property (8.5' X 14' with 1' margins) on disk (Word format).
- f. Ten (10) copies of a signed and sealed survey (not more than a year old) including any and all easements of record (referenced by OR Book and page, prepared by a surveyor registered in the State of Florida).
- g. Ten (10) hard copies each of a regular and reduced size copies of the Master Plan and a computerized copy on disc.
- h. Ten (10) copies of all Resolutions affecting the property.
- i. Ten (10) copies impact analysis report.
- j. Ten (10) signed and sealed traffic impact statement.



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THE DEVELOPMENT ORDER AMENDMENT PROCESS

