



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 # _____

PLAT WAIVER APPLICATION

INSTRUCTIONS TO APPLICANTS:

1. Please complete all sections of this application. If not applicable, indicate with N/A.
2. Provide required attachments as shown on the attached checklist
3. Pay filing fee in the amount of one thousand dollars (\$1,000.00) and four hundred dollars (\$400.00 in advertising fees.

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/Engineer & 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. 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): _____

III. ADJACENT PROPERTIES

Adjacent Property to the:	Land Use Designation	Zoning Designation	Existing Use(s) of Property	Approved Use(s) of Property*	Petition & Resolution Number
SUBJECT SITE					
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.

IV. REASON FOR WAIVER

Describe reason for waiver: _____

V. COMPLIANCE
 (Attach additional sheets, if necessary)

A. Is property in compliance with all previous conditions of approval and/or applicable Code of Ordinances requirements? [] yes [] no List conditions and provide explanation. _____

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

VI. SUPPORTING DOCUMENTATION
 (Attach additional sheets if necessary)

- A. Proof of Ownership
- B. Twelve (12) copies of approved Plat with executed Resolution
- C. Twelve (12) copies of Plat with requested changes highlighted
- D. Agreement for all improvements within the public right of way and the right of way deed recorded at Broward County Circuit Court
- E. Opinion of title
- F. Justification Statement for Waiver including any impacts upon previous approvals.

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)