Concept Plan Review Application

Staff Use Only
APPLICATION NUMBER:
CP - _____ - _____

Please complete the application to the best of your knowledge, and submit the completed form and any required materials to the City of DeLand Planning Department, Room 103, 120 South Florida Avenue, DeLand.

PROPOSED PROJECT *(check one)*: INDUSTRIAL: ☐ PROFESSIONAL OFFICE: ☐ COMMERCIAL: ☐

MULTI-FAMILY: ☐ (# OF UNITS: ____) CHANGE OF USE: ☐

MOBILE HOME PARK: ☐ (# OF UNITS: ____)

OTHER (describe): _____

PROPERTY INFORMATION:

SHORT PARCEL ID (12 DIGITS): _____

ADDRESS OF PROPERTY: _____

CROSS STREETS: _____ AND _____

SIZE OF EXISTING PARCEL: _____ SQ. FT./ACRES *(circle one)*

LEGAL DESCRIPTION *(attach separate sheet if necessary)*: _____

_____

_____

_____

ZONING: _____ FUTURE LAND USE: _____

EXISTING USE: _____

APPLICANT/AGENT:	
NAME:	
COMPANY:	
ADDRESS:	
CITY, STATE, ZIP:	
TELEPHONE:	FAX:
EMAIL:	

OWNER (IF DIFFERENT FROM APPLICANT):	
NAME:	
COMPANY:	
ADDRESS:	
CITY, STATE, ZIP:	
TELEPHONE:	FAX:
EMAIL:	

SIGNATURE OF APPLICANT: _____

SIGNATURE OF OWNER (IF DIFFERENT): _____

THE FOLLOWING MUST BE SUBMITTED AT THE TIME OF APPLICATION:

☐ **Ten (10)** copies of a to-scale concept plan, and **one (1)** digital copy on CD, that includes the following information: (Sec. 33-132.10(b))

1. Location of the subject property in relation to surrounding and/or adjacent roadways; and proposed access to the property-street network.
2. General description of the project, illustrating the location of all proposed uses(s). Residential projects shall include the total number of units proposed.
3. Approximate location and type of developments immediately adjacent to the proposed project.
4. A scaled drawing of the site showing major geographical features, including: creeks, ditches, water bodies, and other prominent topographic features. USGS, regional planning council maps, or tax maps may be used.
5. Location of major tree stands and any historic or large trees. This may be outlined on aerial tax maps and need not be a tree survey.
6. Location, sizes, and number of stories of proposed building(s).
7. Location of available utilities (electric, city water, city sewer, reuse lines, natural gas, cable, etc.)
8. Proposed footprint of building(s) and access points.
9. The gross floor area, per floor, of the building(s) proposed
10. Type of building construction (Refer to the Florida Standard Building Code, Ch. 6)
11. The occupancy classification of the building (Refer to the Florida Standard Building Code, Ch. 4)
12. Any special occupancies to be included on the site, such as but are not limited to: underground storage tanks; a fireworks manufacturing site; a paint and body shop; or any other occupancy that may be a fire safety concern.
13. A statement that the site is or is not in a fire district

14. General parking lot layout with approximate number of spaces, basic traffic flow, and proposed circulation patterns.
15. A statement indicating whether access to a state or county road will be required.
16. Generalized location of intended buffers.
17. A statement identifying the location and elevation of any floodzones.
18. A general description of how drainage will be handled, including a soil statement (SCS acceptable); and the general area of the site to be used for stormwater management facilities.
19. Specific proposed site use(s) must be listed on the plans. (Plans review is undertaken according to the use(s) proposed. Should uses other than those proposed be requested in the future, additional site development measures, mitigation for impact to municipal services and/or reassessment, and payment of additional City or County impact fees and/or other related fees may be required.)

☐ Check made payable to the City of DeLand in the amount of $600.00 ($500.00 + $100.00 fire review fee)

NOTE: The application will be reviewed by the Technical Review Committee (TRC). The TRC meets the 3rd Thursday of the month in the Planning Department, TRC Conference Room, 120 S. Florida Ave. Deadline for submittal is attached. Applications are due at noon on the dates listed. Incomplete applications will not be accepted.

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Complete Application Received By & Date: _____

Incomplete Application Received By & Date: _____

(missing items): _____ _____

Scheduled Application Closing Date: _____

Scheduled Technical Review Committee Meeting Date: _____

Scheduled Planning Board Meeting Date: _____

Payment Received: Check Amount: $_____ Date Paid: _____

SAMPLE OF CORPORATE RESOLUTION

Accepted by the City of DeLand Planning Department

RESOLUTION OF BOARD OF DIRECTORS

(Place Name of Corporation Here)

Resolved, That (name of person) is hereby appointed President of the Corporation with the power to make all purchases, contracts, contributions, acts, decisions, proceedings, elections, and deeds and any other papers that need to be signed, on behalf of this Corporation, in his/her own name and in the name of the Corporation, (name of Corporation), Inc.

I, (name of person), do hereby certify that I am the duly elected and qualified (title) and the keeper of the records and corporate seal of (name of Corporation), Inc., a corporation organized and existing under the laws of the State of Florida, and that the above is a true and correct copy of a resolution fully adopted at a meeting of the Board of Directors thereof, convened and held in accordance with the laws and Bylaws of said Corporation on (date), and that such resolution is now in full force and effect.

IN WITNESS WHEREOF, I have affixed my name as (title) and have caused the corporate seal of said Corporation to be hereunto affixed the (date).

_____

Name and Title

SAMPLE OF NOTARIZED AUTHORIZATION OF OWNER

Accepted by the City of DeLand Planning Department

I/We, _____,

(Name of owner) as the sole or joint fee simple title holder(s) of the property described as:

_____

_____

_____

authorize_____ *(Name of applicant)* to act as my agent to seek a _____ *(e.g. Special Exception, Change of Zoning, etc.)* for the above-referenced property.

My application will be heard at a public hearing on _____ (mo/day/yr) before the Technical Review Committee, before the Planning Board on _____ (mo/day/yr), and before the City Commission on _____ (mo/day/yr), unless continued or otherwise rescheduled.

_____ _____

OWNER'S SIGNATURE OWNER'S SIGNATURE

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ *(Date)* by _____, *(Name of person acknowledging)* who is personally known to me or who has produced _____ *(Type of ID)* as identification and who did not take an oath.

_____

NOTARY PUBLIC, STATE OF FLORIDA

Type or Print Name:

_____

Commission No.:_____

My Commission Expires: _____