



**CITY OF ORMOND BEACH**

v5.3

Planning Department  
 22 South Beach Street, Ormond Beach, FL 32174  
 Tel: (386) 676-3238  
 www.ormondbeach.org      comdev@ormondbeach.org

**SITE PLAN REVIEW - APPLICATION**

*For Planning Department Use*

Application Number

Date Submitted

**APPLICATION TYPE**

Please select appropriate application type

New Site Plan

**FEES**

	<u>Application</u>	<u>Advisory Board</u>	<u>Commission</u>	<u>Total*</u>
Conceptual Plan	100	N/A	N/A	100
New Site Plan	1500	N/A	N/A	1500
Site Plan Re-Submittal	500	N/A	N/A	500
Minor Modification to Approved Site Plan	600	N/A	N/A	600
Lot Split or Lot Line Adjustment	350	N/A	N/A	350
<b>Downtown Site Plan (New)</b>	<b>600</b>	<b>N/A</b>	<b>N/A</b>	<b>600</b>
Downtown (Minor Modification)	300	N/A	N/A	300
Street Vacation	500	N/A	1424	1924
Easement Release	50	N/A	N/A	50

**Base fee of 300, plus 20 per acre up to 10 acres;**

Stormwater Management (required for new site plans)

- plus 10 per acre over 10 acres up to 40 acres;
- plus 5 per acre for each acre of fraction thereof over 40 acres up to 160 acres;
- plus 2 per acre thereafter.

TOTAL:

\*The total is calculated as the Application plus approximate Advisory Board and Commission Public Notification Fees. Depending on the actual costs, Staff shall refund any remaining balance or require additional payment. Please refer to the Schedule of Fees in the Land Development Code or contact the Planning Department for a summary of those noted plus any additional costs that may be required.

**APPLICANT INFORMATION**

This application is being submitted by  Property Owner  Agent, on behalf of Property Owner

Name	Brian Adair
Address	506 Lincoln Ave
City, State, Zip Code	Ormond Beach, FL 32174
Telephone	(386) 299-6111
Email Address	badair@charleswayne.com

If this application is being submitted by person other than the property owner, please provide the following Property Owner Information.

**PROPERTY OWNER INFORMATION**

Name	
Address	
City, State, Zip Code	
Telephone	
Email Address	

If the property owner does not reside on the property for which the application refers, please provide the following Property Details.

**PROPERTY DETAILS**

Address	506 Lincoln Ave
Zip Code	32174
Parcel I.D.	41-14-32-01-10-0040A506
Legal Description	The Easterly 200' of the westerly 300' of Lot B, Grant Lot 7-1/2, Henry Yonge Grant, as recorded in Map Book 2 at page 118, of the Public Records of Volusia County, Florida, except for the northerly 8.5 feet thereof deeded for the widening of Licoln A

**PROJECT COORDINATOR**

Name	Amir Malek, P.E. - MetaWorld Civil Consulting, LLC
Address	444 Seabreeze Blvd., Suite 715
City, State, Zip Code	Daytona Beach, FL 32118
Telephone	(386) 530-3850
Email Address	amalek@metaworldcivil.com

**PROJECT INFORMATION**

Name	The Children's Workshop Building Addition
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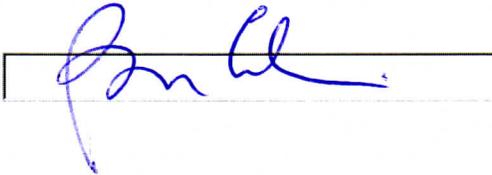
Description

The addition of on building to house classrooms and an administrative office, totalling 3,032 SF. The project requires a St. John's River Water Management District Permitting because it will impact existing wetlands. As such, existing drive and parking aisle is also proposed to be re-graded such that stormwater run-off is routed through a proposed pond for treatment. The site fully lies within the 100-YR floodplain, and floodplain compensation requirements were also designed for.

The pond was designed to meet all SJRWMD criteria. The proposed submittal has been preliminarily reviewed and approved by the District engineering department (see attached e-mail), and has had the wetland limits verified in the field by the District. Formal SJRWMD submittal is occurring concurrent to the City submittal.

**CERTIFICATION**

I hereby certify that the information provided above is true and correct to the best of my knowledge and that I am aware of the application submittal requirements and review process for this application. I hereby authorize City of Ormond Beach Staff to place legal notice, if applicable, on my property and to visit and take pictures pertaining to my request. I am aware of the required pre-application meeting and also aware that if all the required information is not provided, my application will be continued to the next weekly scheduled meeting.

Signed by 

Date 7/17/15

**Corporation**

**STATE OF FLORIDA)**  
**COUNTY OF VOLUSIA) SS**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, in their capacity as the \_\_\_\_\_, of \_\_\_\_\_ who is personally known to me or has provided identification.

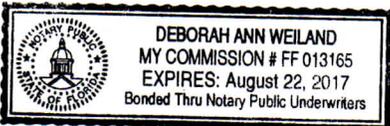
\_\_\_\_\_  
 Notary Public  
 State of Florida  
 My Commission Expires:

ATTEST: \_\_\_\_\_

**Individual**

**STATE OF FLORIDA)**  
**COUNTY OF VOLUSIA) SS**

The foregoing instrument was acknowledged before me this 7th day of July, 2015, by Brian Adair, who provided \_\_\_\_\_, as identification or is personally known to me.

 Deborah Ann Weiland  
 Notary Public  
 State of Florida  
 My Commission Expires: