



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

2/17/16

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
Downtown Site Plan (New)	600	N/A	N/A	600
Downtown (Minor Modification)	300	N/A	N/A	300
Street Vacation	500	N/A	1424	1924
Easement Release	50	N/A	N/A	50

Stormwater Management (required for new site plans)

Base fee of 300, plus 20 per acre up to 10 acres;
- 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: **\$1,500.00**

*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	HSC Ormond Beach, LLC
Address	P.O. Box 130
City, State, Zip Code	Daphne, AL 36526
Telephone	251-243-0708
Email Address	bridget@hixsnedeker.com / pmarcinko@jadengineers.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	1545 Ormond Beach, LLC
Address	100 N MAIN ST 3RD FLOOR
City, State, Zip Code	PROVIDENCE, RI 02903
Telephone	401-272-0011
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	1545 N US HWY 1
Zip Code	32174
Parcel I.D.	36-13-31-01-36-0020
Legal Description	N 295 FT OF W 210 FT E OF US 1 BLK 36 NATIONAL GARDENS SUB MB 10 PGS 250-253 INC PER OR 5075 PG 1354 PER OR 6390 PG 1125 & PER OR 6448 PG 3213

PROJECT COORDINATOR

Name	Bridget Madison
Address	P.O. Box 130
City, State, Zip Code	Daphne, AL 36526
Telephone	251-243-0708
Email Address	bridget@hixsnedeker.com / pmarcinko@jadengineers.com

PROJECT INFORMATION

Name	HSC Ormond Beach, LLC
Description	9100 SF single tenant retail space with associated parking at the corner of Hwy 1 and Rosemary Street.

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

Haymes S. Snedeker

Date

2016-02-17

Corporation

STATE OF Alabama (FLORIDA)
 COUNTY OF Baldwin (VOLUSIA) SS

The foregoing instrument was acknowledged before me this 17 day of February, 2016, by Haymes S. Snedeker in their capacity as the member of HSC Ormond Beach LLC, who is personally known to me or has provided identification.



Candy Lambeth
 Notary Public
 State of Alabama
 My Commission Expires: **CANDY LAMBETH**
 Notary Public
 State of **Alabama**
MY COMMISSION EXPIRES: JUNE 11, 2016

ATTEST: _____

Individual

STATE OF FLORIDA)
 COUNTY OF VOLUSIA) SS

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who provided _____, as _____ identification or is personally known to me.

 Notary Public
 State of Florida
 My Commission Expires: _____