



**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

**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)

2.58 acre x \$20/acre = \$51.60  
 \$300 + \$51.6 = \$351.60

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: **\$1,851.60**

\*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 | Ramon Santos w/ McDonalds Corporation  
Address | 10150 Highland Manor Drive Ste. 470  
City, State, Zip Code | Tampa, FL 33610  
Telephone | 407-701-1718  
Email Address | Ramon.santos@us.mcd.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 | Ramon Santos w/ McDonalds Corporation  
Address | 10150 Highland Manor Dr., Ste. 470  
City, State, Zip Code | Tampa, FL 33610  
Telephone | 407-701-1718  
Email Address | Ramon.santos@us.mcd.com

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

**PROPERTY DETAILS**

Address | 1530 N U.S. Highway 1, Ormond Beach, FL  
Zip Code | 32174-8710  
Parcel I.D. | 36-13-31-01-62-0050  
Legal Description | SEE ATTACHED WARRANTY DEED

**PROJECT COORDINATOR**

Name Ryan McCullough, E.I.  
Address 500 West Fulton Street  
City, State, Zip Code Sanford, FL, 32771  
Telephone 407-322-6841  
Email Address rmccullough@cphcorp.com

**PROJECT INFORMATION**

Name McDonald's - National Gardens MRP  
Description The purpose of this project is to update the existing drive-thru area by removing and/or relocating the existing drive-thru equipment, constructing a side by side drive-thru with all supporting equipment, and bring the site into ADA compliance.

**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

2016-02-08

**Corporation**

STATE OF FLORIDA)  
COUNTY OF VOLUSIA) SS

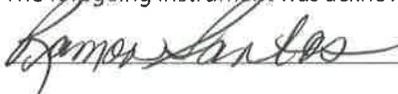
The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, in their capacity as the \_\_\_\_\_, of \_\_\_\_\_ who is personally known to me or has provided identification.

\_\_\_\_\_  
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 8th day of February, 2016 by , who provided \_\_\_\_\_, as identification or is personally known to me.



  
Notary Public  
State of Florida  
My Commission Expires: