



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

Minor Modification to Approved 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:

*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 | Parker Mynchenberg & Associates, Inc.
Address | 1729 Ridgewood Avenue
City, State, Zip Code | Holly Hill, FL. 32117
Telephone | 386-677-6891
Email Address | info@parkermynchenberg.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 | S.R. Perrott, Inc. - Michele P. Connors, President
Address | 4 N. Perrott Drive
City, State, Zip Code | Ormond Beach, FL. 32174
Telephone | 386-672-2275
Email Address | m.connors@srperrott.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 | 1280 N. US HWY 1, Ormond Beach, FL.
Zip Code | 32174
Parcel I.D. | 38-14-32-01-13-0021
Legal Description | LOTS 2 THROUGH 7 AND THE SOUTHERLY 30 FEET OF LOT 8, ALL IN NATIONAL GARDENS ADDITION UNIT#1, AS PER MAP RECORDED IN MAP BOOK 11, PAGE 148, OF THE PUBLIC RECORDS OF VOLUSIA COUNTY, FLORIDA.

PROJECT COORDINATOR

Name | Parker Mynchenberg & Associates, Inc.

Address | 1729 Ridgewood Avenue

City, State, Zip Code | Holly Hill, FL. 32117

Telephone | 386-677-6891

Email Address | info@parkermynchenberg.com

PROJECT INFORMATION

Name | S.R. Perrott - Office Expansion

Description | Construct new 22,000 SF office building at existing location including landscape and irrigation improvements.

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 [Signature]

Date 2/1/2016

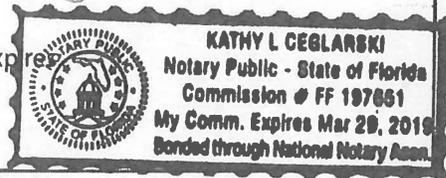
Corporation

STATE OF FLORIDA)
COUNTY OF VOLUSIA) SS

The foregoing instrument was acknowledged before me this 1st day of February, 2016, by Michele P Connors, in their capacity as the President, of S.R. Perrott, Inc who is personally known to me or has provided identification.

[Signature]
Notary Public
State of Florida
My Commission Expires

ATTEST: [Signature]



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: