



**CITY OF ORMOND BEACH**

v3.2013

Planning Department

22 South Beach Street, Ormond Beach, FL 32174

Tel: (386) 676-3238

www.ormondbeach.org

comdev@ormondbeach.org

**PUBLIC HEARING- APPLICATION**

*For Planning Department Use*

Application Number

Date Submitted

**APPLICATION TYPE AND FEES**

	<u>Application</u>	<u>Advertising Deposit for Advisory Board</u>	<u>Advertising Deposit for Commission</u>	<u>Total*</u> No Fees
<input type="checkbox"/> Annexation				
<input type="checkbox"/> Annexation Agreement	100	--	--	100
<input type="checkbox"/> Land Development Code (LDC) Amendment	1000	300	300	1600
<input type="checkbox"/> Large-Scale Comprehensive Plan Amendment (Map)	2500	700	1400	4600
<input type="checkbox"/> Official Zoning Map Amendment, 10.01 acres or more	1000	700	1400	3100
<input type="checkbox"/> Official Zoning Map Amendment, 10 acres or less	1000	300	600	1900
<input type="checkbox"/> Planned Development, 10.01 acres or more	2000	800	1500	4300
<input type="checkbox"/> Planned Development, 10 acres or less	2000	300	600	2900
<input checked="" type="checkbox"/> Planned Development Amendment - Major	1000	800	1500	3300
<input type="checkbox"/> Small-Scale Comprehensive Plan Amendment (Map)	2000	400	800	3200
<input type="checkbox"/> Special Exception - New Construction/Redevelopment	850	400	400	1650
<input type="checkbox"/> Special Exception - Downtown CRA Redevelopment	400	400	400	1200
<input type="checkbox"/> Street Vacation	500	--	1500	2000
<input type="checkbox"/> Other	TBD	TBD	TBD	TBD

\* The Land Development Code requires the applicant to pay the full costs of public advertising. The deposit is the average of past applications. Applicants shall receive a refund where costs paid are greater than advertising costs and will be if advertising costs are greater than the deposit paid.

**APPLICANT INFORMATION**

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

Name

Full Address

Telephone  Email

\*\* If this application is being submitted by a person other than the property owner, please provide the following Property Owner Information as well as a notarized letter designating you as agent.

**PROPERTY OWNER INFORMATION\*\*\***

Name

Full Address

Telephone  Email

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

**PROPERTY DETAILS**

Full Address 600 West Granada Blvd.

Legal Description Granada Pointe Condominium Unit # 1-4 And North Parcel

**PROJECT COORDINATOR**

Name Paul F. Holub, Jr.

Full Address P.O. Box 730086, Ormond Beach, Fl. 32173

Telephone 386-677-7617 Email holubdev@aol.com

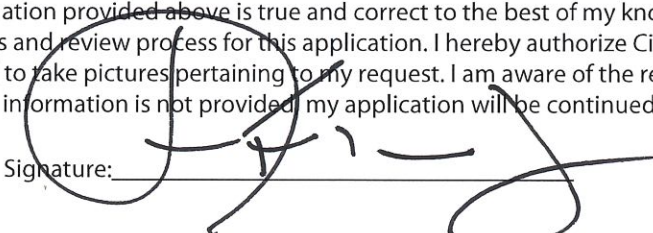
**PROJECT INFORMATION**

Name Granada Pointe

Description Applicant request an amendment to the Granada Pointe PBD to permit (a) "Car Wash" as a permitted use, (b) Allow the privacy wall height to range from 6' to 8', (c) Waive the requirement for the Historical Society donation and parking (d) confirm that two (2) out parcels are permitted on Unit # 4 subject to meeting the PBD standards and LDC. (e) Request approval for removal of Historic Tree # 19 on North Parcel.

**CERTIFICATION**

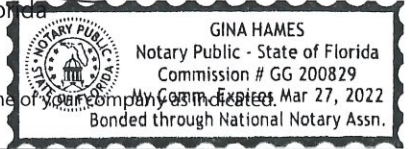
By submitting this application, I hereby certify that the information provided above is true and correct to the best of my knowledge and that I am aware of the application submittal requirements and review process for this application. I hereby authorize City of Ormond Beach Staff to place legal notice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

Signature: 

STATE OF FLORIDA  
 COUNTY OF Volusia

The foregoing instrument was acknowledged before me this 30<sup>th</sup> day of August, 2018, by Paul F. Holub, Jr.  
 as Managing Member (title\*) for Granada Pointe Investor, LLC (name of corporation\*),  
 who ( ) provided \_\_\_\_\_ as identification, or (  ) who is personally known to me.

Gina Hames  
 Notary Public, State of Florida  
 My Commission Expires:



\* If you are executing this document on behalf of a corporation please complete the spaces with your title and the name of your company.