



CITY OF ORMOND BEACH

Planning Department

22 South Beach Street, Ormond Beach, FL 32174

Tel: (386) 676-3238

www.ormondbeach.org

siteplans@ormondbeach.org

Updated 08/2015

19-031

SITE PLAN REVIEW - APPLICATION

For Planning Department Use

Application Number

[]

Date Submitted

[]

APPLICATION TYPE AND FEES

	Application	Advertising Deposit for Advisory Board	Advertising Deposit for Commission	Total*
<input type="checkbox"/> Conceptual Plan	100	N/A	N/A	100
<input checked="" type="checkbox"/> New Site Plan	1500	N/A	N/A	1500
<input type="checkbox"/> Site Plan Re-Submittal	500	N/A	N/A	500
<input type="checkbox"/> Minor Modification to Approved Site Plan	600	N/A	N/A	600
<input type="checkbox"/> Lot Split or Lot Line Adjustment	350	N/A	N/A	350
<input checked="" type="checkbox"/> Downtown Site Plan (new)	600	N/A	N/A	600
<input type="checkbox"/> Downtown Site Plan (minor modification)	300	N/A	N/A	300
<input type="checkbox"/> Street Vacation	500	N/A	1424	1924
<input type="checkbox"/> Easement Release	50	N/A	N/A	50
<input type="checkbox"/> 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.

Other type not listed: []

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: DORIAN BURT

Full Address: 203 Pine Cone TRAIL ORMOND BEACH, FL 32174

Telephone: 386 295-4610 Email: gemdori@aol.com

** 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: Highlander Corp.

Full Address: 460 WALKER STREET HOLLY HILL, FL 32117

Telephone: 386 295-4610 Email: gemdori@aol.com

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

PROJECT COORDINATOR

Name: DORIAN BURT / DOUG PIATT - SEABARD CONST.
 Full Address: 203 PINE CONE TRAIL 102 TIMBER COURT - OB, 32176
ORMOND BEACH, FL 32174
 Telephone: 386 386 Email: dombori@aol.com
295-4610 / 871-6660 dspFlasler@aol.com

PROJECT INFORMATION

Project Name: FUVU
 Project Address: 26 N. BEACH ST., ORMOND BEACH, FL 32174
 Description: REMODEL SUITE B - to restaurant adding front deck, dumpster area, major landscaping, interior renovations

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 submittal requirements are not provided, my application will be continued to the next regularly scheduled hearing.

Signature: *Dorian Burt*

STATE OF FLORIDA
 COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 9 day of Jan, 2019, by Dorian Burt as Project coordinator (title*) for HIGHLANDER CORP. (name of corporation*), who provided _____ as identification, or who is personally known to me.



Lysa S. Capen
 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 as indicated.