



**CITY OF ORMOND BEACH**

Planning Department

22 South Beach Street, Ormond Beach, FL 32174

Tel: (386) 676-3238

www.ormondbeach.org

siteplans@ormondbeach.org

19-046

Updated 08/2015

**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 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: **1500.00**

\*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

Shantoshi Inc.

Full Address

711 S Atlantic Avenue Ormond Beach, FL 32176

Telephone

(386) 677-4712

Email

kenpatelshmi@yahoo.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

Shantoshi Inc.

Full Address

711 S Atlantic Avenue Ormond Beach, FL 32176

Telephone

(386) 677-4712

Email

kenpatelshmi@yahoo.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: Harry Newkirk, PE, CEO of Newkirk Engineering Inc.  
Full Address: 1230 N US Highway 1, Suite 3 Ormond Beach, FL 32174  
Telephone: (386) 872-7794 Email: harry@newkirk-engineering.com

**PROJECT INFORMATION**

Project Name: HOME-2  
Project Address: 711 S Atlantic Avenue Ormond Beach, FL 32176  
Description: Propose a complete exterior and interior renovation of an existing hotel. The ground floor plan will be adjusted to remove 7 units with a 1,230 square feet front lobby entrance addition. The existing hotel is 100 units with 95 parking spaces. The proposed hotel will have 93 units with 90 parking spaces. The parking lot layout will be adjusted for proposed building improvements with new turtle lighting on existing light fixtures and code compliance site landscaping.

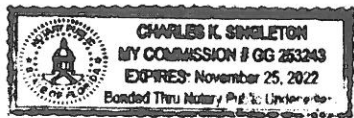
**CERTIFICATION**

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: Kirit Patel

STATE OF FLORIDA  
COUNTY OF Volusia

The foregoing instrument was acknowledged before me this 12 day of DECEMBER, 2018, by KIRIT KUMAR D PATEL as \_\_\_\_\_ (title\*) for SHANTOSHI, INC (name of corporation\*), who ( ) provided \_\_\_\_\_ as identification, or (  ) who is personally known to me.



Charles K. Singleton  
Notary Public, State of Florida  
My Commission Expires: NOVEMBER 25, 2022

\* 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.