



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

	Application	Advertising Deposit for Advisory Board	Advertising Deposit for Commission	Total*
<input type="checkbox"/> Annexation				No Fees
<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 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 checked="" type="checkbox"/> Other Final Plat (\$525)	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 1001 BROADWAY AVE., ORMOND BEACH, FL 32174
Legal Description (SEE ENCLOSED PLAT DOCUMENT FOR LEGAL DESCRIPTION)

PROJECT COORDINATOR

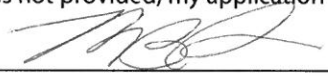
Name HALUK KILIC, P.E.
Full Address 300 INTERCHANGE BLVD., ORMOND BEACH, FL 32174
Telephone 386-677-2482 Email hkilic@zevcohen.com

PROJECT INFORMATION

Name SECURITY FIRST INSURANCE
Description FINAL PLATTING

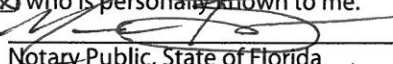
CERTIFICATION

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 7th day of MAR, 2019, by Melissa DeVriese as CAO and Chief Legal Counsel (title*) for Security First Insurance (name of corporation*), who provided _____ as identification, or who is personally known to me.


Notary-Public, State of Florida
My Commission Expires: 2/19/23

* 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.

