



**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

21-47

Date Submitted

[Empty box]

**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 <b>Final Plat, \$500 plus \$25 per lot</b>	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 DESTINATION INTERCHANGE, LLC. / DR. STEPHEN A. SEVIGNY

Full Address 1325 OAK FOREST DR., ORMOND BEACH, FL 32174

Telephone (386)795-2008 Email sasevigny@hotmail.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 SAME AS THE APPLICANT (SEE ABOVE)

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 1670, 1662 N. U.S. HIGHWAY-1, ORMOND BEACH, FL 32174

Legal Description SEE ENCLOSED FINAL PLAT DOCUMENT

**PROJECT COORDINATOR**

Name HALUK "LUKE" KILIC, P.E.

Full Address 300 INTERCHANGE BLVD., ORMOND BEACH, FL 32174

Telephone (386)677-2482 Email hkilic@zevcohen.com


**PROJECT INFORMATION**

Name ORMOND GATEWAY SUBDIVISION - FINAL PLAT

Description FINAL PLAT FOR AN 18.17 ACRE PROPERTY LOCATED AT 1670 NORTH U.S. HIGHWAY-1 (VOLUSIA COUNTY PARCEL # 3126-00-00-0170), 1662 NORTH U.S. HIGHWAY-1 (VOLUSIA COUNTY PARCEL #3136-01-65-0010), AND NO ADDRESS (VOLUSIA COUNTY PARCEL #3136-01-66-0070) FOR A THREE (3) LOT MULTI-USE COMMERCIAL SUBDIVISION WITH ASSOCIATED ACCESS, UTILITIES & STORMWATER MANAGEMENT SYSTEMS

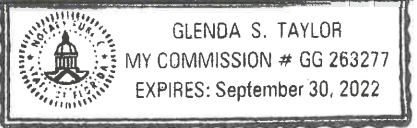
**CERTIFICATION**

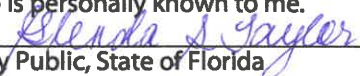
By submitting this application, I hereby certify that the information provided above is true and correct to the best of my knowledge and that I am aware of the application submittal requirements and review process for this application. I hereby authorize City of Ormond Beach Staff to place legal notice 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 26 day of MARCH, 2021, by STEPHEN ANDREW SEVIGNY, as MANAGER (title\*) for DESTINATION INTERCHANGE (name of corporation\*), who  provided FLORIDA DRIVER LICENSE as identification, or  who is personally known to me.



  
 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.