



City of Sebastian Development Order Application

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|---|---------------------------|
| Applicant (If not owner, written authorization (notarized) from owner is required) | |
| Name: | |
| Address: | |
| Phone Number: () - | FAX Number: () - |
| E-Mail: | |

| | |
|--|---------------------------|
| Owner (If different from applicant) | |
| Name: | |
| Address: | |
| Phone Number: () - | FAX Number: () - |
| E-Mail: | |

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|--------------------------------------|
| Title of permit or action requested: |
|--------------------------------------|

PLEASE COMPLETE ONLY THOSE SECTIONS WHICH ARE NECESSARY FOR THE PERMIT OR ACTION THAT YOU ARE REQUESTING. COPIES OF ALL MAPS, SURVEYS, DRAWINGS, ETC. SHALL BE ATTACHED AND 8-1/2" BY 11" COPIES OF ANY ATTACHMENTS SHALL BE INCLUDED. ATTACH THE APPROPRIATE SUPPLEMENTAL INFORMATION FORM.

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| A. Project Name (if applicable): |
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| B. Site Information | |
| Address: | |
| Lot: | Block: Unit: Subdivision: |
| Indian River County Parcel #: | |
| Zoning Classification: | Future Land Use: |
| Existing Use: | Proposed Use: |

| |
|---|
| C. Detailed description of proposed activity and purpose of the requested permit or action (attach extra sheets if necessary): |
| _____ |
| _____ |
| _____ |

DATE RECEIVED: ___/___/___

FEE PAID: \$ _____

RECEIVED BY: _____

| | |
|------------------------------|---------------------------|
| D. Project Personnel: | |
| Agent: | |
| Name: _____ | |
| Address _____ | |
| Phone Number: () - | FAX Number: () - |
| E-Mail: _____ | |
| Attorney: | |
| Name: _____ | |
| Address _____ | |
| Phone Number: () - | FAX Number: () - |
| E-Mail: _____ | |
| Engineer: | |
| Name: _____ | |
| Address _____ | |
| Phone Number: () - | FAX Number: () - |
| E-Mail: _____ | |
| Surveyor: | |
| Name: _____ | |
| Address _____ | |
| Phone Number: () - | FAX Number: () - |
| E-Mail: _____ | |

I, _____, BEING FIRST DULY SWORN, DEPOSE AND SAY THAT: ___ I AM THE OWNER ___ I AM THE LEGAL REPRESENTATIVE OF THE OWNER OF THE PROPERTY DESCRIBED WHICH IS THE SUBJECT MATTER OF THIS APPLICATION, AND THAT ALL THE INFORMATION, MAPS, DATA AND/OR SKETCHES PROVIDED IN THIS APPLICATION ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE

SWORN TO AND SUBSCRIBED BEFORE ME BY _____
WHO IS PERSONALLY KNOWN TO ME OR PRODUCED _____
AS IDENTIFICATION, THIS _____ DAY OF _____, 20____.

NOTARY'S SIGNATURE _____
PRINTED NAME OF NOTARY _____
COMMISSION NO./EXPIRATION _____
SEAL: _____

The following is required for all comprehensive plan amendments, zoning amendments (including rezoning), site plans, conditional use permits, special use permits, variances, exceptions, and appeals.

I/WE, ___ THE OWNER(S) / ___ THE LEGAL REPRESENTATIVE OF THE OWNER(S) OF THE PROPERTY DESCRIBED WHICH IS THE SUBJECT OF THIS APPLICATION, HEREBY AUTHORIZE EACH AND EVERY MEMBER OF THE _____ BOARD/COMMISSION OF THE CITY OF SEBASTIAN TO PHYSICALLY ENTER UPON THE PROPERTY AND VIEW THE PROPERTY IN CONNECTION WITH MY/OUR PENDING APPLICATION.

I/WE HEREBY WAIVE ANY OBJECTION OR DEFENSE I/WE MAY HAVE, DUE TO THE QUASI-JUDICIAL NATURE OF THE PROCEEDINGS, RESULTING FROM ANY BOARD/COMMISSION MEMBER ENTERING OR VIEWING THE PROPERTY, INCLUDING ANY CLAIM OR ASSERTION THAT MY/OUR PROCEDURAL OR SUBSTANTIVE DUE PROCESS RIGHTS UNDER THE FLORIDA CONSTITUTION OR THE UNITED STATES CONSTITUTION WERE VIOLATED BY SUCH ENTERING OR VIEWING.

THIS WAIVER AND CONSENT IS BEING SIGNED BY ME/US VOLUNTARILY AND NOT AS A RESULT OF ANY COERCION APPLIED, OR PROMISES MADE, BY ANY EMPLOYEE, AGENT, CONTRACTOR OR OFFICIAL OF THE CITY OF SEBASTIAN.

SIGNATURE

DATE

Sworn to and subscribed before me by _____
who is personally known to me or produced _____
as identification, this ____ day of _____, 20 ____.

Notary's Signature _____
Printed Name of Notary _____
Commission No./Expiration _____
Seal:



**Supplemental Information
Planned Unit Development,
Conceptual Development Plan**
(ATTACH ADDITIONAL PAGES IF NECESSARY.)

___ 1. Describe how the proposed conceptual development plan is consistent with the elements of the Comprehensive Plan. _____

___ 2. Describe how the proposed conceptual development plan will be in conformance with applicable requirements of the City of Sebastian Land Development Code.

___ 3. Would the conceptual development plan result in any incompatible land uses, considering the type and location of the uses involved?

___ 4. Describe how the proposed public facilities are adequate to serve the proposed conceptual development plan. _____

___ 5. Describe how the proposed conceptual development plan would not result in a significant adverse impact on the natural environment. _____

___ 6. Describe how the proposed conceptual development plan would not adversely affect the property values of the area, the general health, safety and welfare of the surrounding public, and not negatively impact the financial resources of the city. _____

___ 7. Does the proposed conceptual development plan result in an orderly development pattern? _____

___ 8. Explain how the proposed conceptual development plan is not in conflict with the public interest. _____

___ 9. Attach the following:

- ___ a. A list of the names and addresses of all owners of parcels of real property within three hundred (300) feet of the parcel to be considered.
- ___ b. A vicinity map.
- ___ c. A map(s) of existing conditions including existing easements, streets, buildings, land uses, historical sites, tree groupings, wetlands, water courses, contours, the names of the property owners and existing land uses and zoning for all contiguous property, and the location and width of all existing or platted streets, easements, drainage ways and utilities contiguous to the property.
- ___ d. A development plan including land use, circulation, conceptual drainage plan, densities, and non-residential square footage.
- ___ e. A statement of planning objectives.
- ___ f. A proposed development schedule.
- ___ g. An environmental impact statement
- ___ h. A public facility impact statement.
- ___ i. A traffic impact statement and/or study.