

# City of Sebastian Development Order Application

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

<b>Owner (If different from applicant)</b>	
Name:	
Address:	
Phone Number: (     )     -	FAX Number: (     )     -
E-Mail:	

Title of permit or action requested:
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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.

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

<b>C. Detailed description of proposed activity and purpose of the requested permit or action (attach extra sheets if necessary):</b>
_____
_____
_____

DATE RECEIVED: \_\_\_/\_\_\_/\_\_\_

FEE PAID: \$ \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

<b>D. Project Personnel:</b>	
<b>Agent:</b>	
Name:	
Address	
Phone Number: (     )     -	FAX Number: (     )     -
E-Mail:	
<b>Attorney:</b>	
Name:	
Address	
Phone Number: (     )     -	FAX Number: (     )     -
E-Mail:	
<b>Engineer:</b>	
Name:	
Address	
Phone Number: (     )     -	FAX Number: (     )     -
E-Mail:	
<b>Surveyor:</b>	
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.

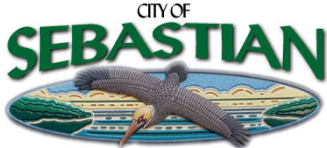
THIS WAIVER AND CONSENT IS BEING SIGNED BY ME/US VOLUNTARILY AND NOT AS A RESULT OF ANY COERCION APPLIED, OR PROMISES MADE, BY ANY EMPLOYEE, AGENT, CONTRACTOR OR OFFICIAL OF THE CITY OF SEBASTIAN.

\_\_\_\_\_  
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  
Pre-application Conference**

\_\_\_ 1. Type of permit: \_\_\_ site plan \_\_\_ subdivision \_\_\_ PUD \_\_\_ other

\_\_\_ 2. Describe the proposed project: \_\_\_\_\_

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\_\_\_ 3. Attach the following:

\_\_\_ a. A sketch of the proposed project or a preliminary drawing.

\_\_\_ b. A location map.