



City of Sebastian Development Order Application

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:	

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.

A. Project Name (if applicable):

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.

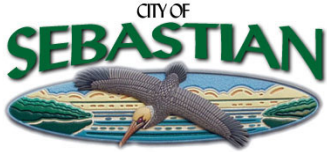
THIS WAIVER AND CONSENT IS BEING SIGNED BY ME/US VOLUNTARILY AND NOT AS A RESULT OF ANY COERCION APPLIED, OR PROMISES MADE, BY ANY EMPLOYEE, AGENT, CONTRACTOR OR OFFICIAL OF THE CITY OF SEBASTIAN.

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
Special Use Permit
(ATTACH ADDITIONAL PAGES IF NECESSARY.)**

___ 1. Describe the use for which this special use permit is being requested:

___ 2. Describe how the granting of the special use permit will not be detrimental to the public safety, health or welfare or be injurious to other properties or improvements within the immediate vicinity in which the property is located.

(Attach additional pages, if necessary)

___ 3. Describe how the use requested is consistent with the purpose and intent of the respective zoning district, and that the use is similar in nature and compatible with the uses allowed in such district. (Attach additional pages, if necessary):

___ 4. Attach 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.

Permit Application No. _____

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