



CITY OF SATELLITE BEACH DEVELOPMENT PLAN APPROVAL APPLICATION

Preliminary _____

Final _____

Fees: Review by Staff: \$500.00-less than 1 acre

800.00-1 to 3 acres

1,000.00-more than 3 acres

Review by Fire Marshall: \$50

Review by Engineer (escrow deposit): \$300

Name of Applicant: _____ Phone Number: _____

Address: _____

Name of Property Owner: _____ Phone Number: _____

Address: _____

Relationship of applicant to property: _____

Property location and legal description: _____

Zoning: _____

Proposed Use: _____

APPLICANT'S SIGNATURE:

PROPERTY OWNER'S SIGNATURE:

SWORN TO AND SUBSCRIBED BEFORE ME
THIS ____ DAY OF _____ 20__

SWORN TO AND SUBSCRIBED BEFORE ME
THIS ____ DAY OF _____ 20__

BY _____
WHO IS PERSONALLY KNOWN TO ME OR
WHO HAS PRODUCED _____
AS IDENTIFICATION.

BY _____
WHO IS PERSONALLY KNOWN TO ME OR
WHO HAS PRODUCED _____
AS IDENTIFICATION.

Notary Public

Notary Public