



**Engineering Services
 Department**
Development Services Division
Planning~Building~Inspections

105 Miracle Strip Pkwy. SW
 Fort Walton Beach, FL 32548
 P: (850) 833-9697
 F: (850) 833-9926

APPLICATION FOR DEVELOPMENT AGREEMENT

PROJECT NAME:	
ADDRESS OR GENERAL LOCATION:	

Applicant NAME:	
ADDRESS:	
PHONE:	
EMAIL:	
Property Owner NAME:	
Property Owner ADDRESS:	
Tax Parcel ID Number(s):	

<p>Is this application being filed in conjunction with any other City application?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please list the application type and project name:</p>

Legal Description:	
(Attach separate sheet if necessary)	

Provide a brief overview of the agreement components. Attach the proposed development agreement.

Briefly describe why the agreement is necessary, including any proposed deviations from the typical city requirements.

Is the project a DRI?

Yes

No

Name of DRI: _____

OWNER'S CONSENT AND DESIGNATION OF AGENCY

I, _____, the fee simple owner of the following described property (give legal description):

affirm that _____ is hereby designated to act as agent on my behalf to accomplish the above.

(*Petition for* _____) in conjunction with (*other application*).

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand this application; attachments and fees become part of the official records of the City of Fort Walton Beach, Florida, and are not returnable.

(Owner's Signature)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is personally known to me or has produced _____ as Identification and who did take an oath.

(Printed Name of Notary Public)

(Signature of Notary Public)

Commission # _____. My commission expires _____.

(Notary's Seal)