



**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 PLANNED DEVELOPMENT

PROJECT NAME:	
ADDRESS OR GENERAL LOCATION:	

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

Future Land Use Map Designation:	<input type="checkbox"/> LDR <input type="checkbox"/> MDR <input type="checkbox"/> MU <input type="checkbox"/> COM <input type="checkbox"/> MBI <input type="checkbox"/> IND <input type="checkbox"/> CIU <input type="checkbox"/> REC <input type="checkbox"/> CNS <input type="checkbox"/> PC
Current Zoning District:	<input type="checkbox"/> R-1 <input type="checkbox"/> R-1E <input type="checkbox"/> R-2 <input type="checkbox"/> YC <input type="checkbox"/> MX-1 <input type="checkbox"/> REC <input type="checkbox"/> MX-2 <input type="checkbox"/> MB <input type="checkbox"/> CTP <input type="checkbox"/> CF <input type="checkbox"/> CG <input type="checkbox"/> PUD

Proposed Use: (i.e. restaurant, clothing sales, manufacturing, apartments, etc.)	
Project Type:	<input type="checkbox"/> New Build <input type="checkbox"/> Addition <input type="checkbox"/> Renovation

Site Size:	
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Total Floor Area (sq.ft.):	
Ground Floor Area only (sq.ft.):	
Landscaped Area (% or sq.ft.):	
# of residential units proposed:	

OWNER'S CONSENT AND DESIGNATION OF AGENCY

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

hereby petition the City of Fort Walton Beach for *Approval of a Planned Unit Development Rezoning* and affirm that _____ is hereby designated to act as agent on my behalf to accomplish the above.

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)