



**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 FINAL PLAT/RE-PLAT

SUBDIVISION NAME:	
ADDRESS OR GENERAL LOCATION (attach survey):	

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

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
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

Total Site Size:	
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Number of Existing Lots:	
Number of Proposed Lots:	

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 Subdivision Plat for the proposed _____ subdivision to _____ be _____ named _____ 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)