



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

105 Miracle Strip Pkwy. SW
Fort Walton Beach, FL 32548
P: (850) 833-9697
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APPLICATION FOR SITE PLAN APPROVAL – EXPEDITED DEVELOPMENT

PROJECT NAME:	
ADDRESS OR GENERAL LOCATION:	

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

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
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

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:	

Briefly describe the extent of proposed site improvements:

Total Floor Area (sq.ft.):	
Ground Floor Area only (sq.ft.):	
Landscaped Area (% or sq.ft.):	
# of residential units proposed:	
Maximum Building Height:	

Setbacks Provided:			
Front:		Rear:	
Interior Side:		Corner Side:	

Parking Spaces Provided:	
Regular:	
ADA- accessible:	
TOTAL:	

OWNER'S CONSENT AND DESIGNATION OF AGENCY

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

hereby petition to the City of Fort Walton Beach for *Approval of a Site Development Plan* for _____ 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)