



CITY OF DEBARY PRELIMINARY PLAT APPLICATION

You must set up a pre-application meeting **before** submitting your application.
Please call (386) 668-2040 or fax this completed form to (386) 668-4122.

The following background information is required to schedule a pre-application meeting. GAI staff on behalf of the City of DeBary will use this to research the project site in preparation for the meeting. Although this is the minimal amount of background material required, more information is welcome. Please reference the list of Required/Recommended Pre-Application Materials. Please attach additional sheets or plans as needed.

APPLICANT

OWNER

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
E-Mail Address: _____
Contact Person: _____

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
E-Mail Address: _____
Contact Person: _____

PROJECT INFORMATION

Project Name: _____
Address of parcel: _____
Size of parcel: _____ Existing zoning: _____
Future Land Use: _____
Existing Use of Property: _____

SUBDIVISION:

- SKP – Sketch Plan
- ODP – Overall Development Plan
- PPL – Preliminary Plat & Construction Plan (ODP Development Order is required to submit PPL)
- FPL – Final Plat (PPL Development Order is required to submit FPL)

Violation(s): _____
PA Meeting Date: _____
EMD Required: YES NO
N/C Lot Letter Required: _____
Unrecorded Subdivision: _____
Other: _____

SITE PLAN:

- CPN – Conceptual Site Plan
- FSP – Final Site Plan (CPN response letter is required to submit FSP)

STAFF USE ONLY

Planner's Comments/Notes: _____

_____ Notifications Discussed
Date Submitted: _____ Taken By: _____ Time: _____ a.m./p.m.



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PROJECT NAME: _____

Intended Use: _____

Number of new lots: _____ minimum lot size: _____

Floor area/dwelling units: _____ Number of trees removed: _____

Tax Parcel Number(s): _____ Size of Parcel(s): sf/ac

The property is locate in Section _____, Township _____, Range _____
Address of Property: _____

This property is located on the _____ side of _____ approximately _____ miles
N, S, E, W from the intersection of _____ with _____ road near _____
in the City of DeBary.

Utility: [] Private Septic/Well by _____ [] Central Sewer/Water by _____
[] Other by _____

APPLICANT

OWNER

Name: _____ Address: _____ City/State/Zip: _____
Phone: _____ Fax: _____ E-Mail Address: _____ Contact Person: _____

Applicant is: [] Owner [] Attorney for Owner [] Agent for Owner [] Contract Purchaser

APPLICATION WILL NOT BE ACCEPTED UNLESS ALL OF THE FOLLOWING ARE ATTACHED:

- [] 1 Copy: Application fee. All deposits & fees should be made payable to the City of DeBary.
[] Fee, Check # _____ (Please provide a breakdown of fees)
[] 1 Copy: A notarized authorization form from the owner or an attorney representing the owner.
[] 2 Sets: Signed and sealed surveys of the property (no more than 2 years old) prepared by a
Florida Registered Land Surveyor.
[] 1 Copy: Pre-Application Meeting Form
[] 1 Copy: Non-Conforming lot letter if applicable.
[] 2 Copy: Legal description (furnished on CD - Microsoft Word, if possible)
[] 1 CD with all Supplemental materials MUST be submitted.



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ENGINEER/CONSULTANT INFORMATION

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

* * * * *

If you are not the property owner, you must have the owner complete an owner authorization form.

* * * * *

APPLICANT SIGNATURE: _____ Date _____

ZONING AUTHORIZATION is required before submitting to Land Development.

ZONING _____ FUTURE LAND USE _____

The development is consistent with the Comprehensive Plan and is properly zoned for the intended use.

ZONING AUTHORITY: _____ DATE _____

(Please Print Name)

You will **ALSO** need to provide the following information at the **TIME OF SUBMISSION**:

- CPN** 3 Sets: Schematic representation with proposed buildings, vehicle circulation and parking
 - Non-Concurrency Affidavit
- SKP/ODP** 8 Sets: Schematic plans meeting the requirements of the unified zoning ordinance.
 - Non-Concurrency Affidavit
- FSP** Cover Letter addressing CPN comments must be submitted **and** items below.
- PPL** Cover Letter addressing any outstanding ODP comments must be submitted **and** items below.
- FPL** Cover Letter addressing any outstanding PPL comments must be submitted **and** items below.
 - 8 Sets: **Signed & Sealed folded** plans including signed & sealed boundary survey, and other required items per checklist. **If a FSP**, floor plans, elevations, landscape and irrigation plans must also be included.
 - 3 Sets: Tree preservation plan & tree removal/replacement plan & calculations
 - Concurrency Application and Fee
 - 4 Sets: Stormwater Calculations
 - 3 Sets: Biological Report including wetland delineation (when applicable)
 - 4 Sets: Traffic Impact Analysis (when applicable)
 - 5 Sets: Title Opinion/Covenants and Restrictions (when applicable)