

**COUNTY OF VOLUSIA
LAND DEVELOPMENT OFFICE
APPLICATION FOR DEVELOPMENT PERMIT**



Mail or hand deliver the completed application to:
Thomas C. Kelly Administration Center, County of Volusia, Land Development Office
123 W. Indiana Avenue, Room 202, DeLand, Florida 32720-4604
DeLand 386-736-5942, Daytona Beach 386-248-8157, New Smyrna Beach 386-423-3872
Fax 386-740-5136

Note: In lieu of completing this application, the Tree Removal and Wetland Alteration Permit Applications may be submitted through Connect Live at <https://growthmgt.vcgov.org/PublicPortal/Volusia/common/index.jsp>

TYPE OF APPLICATION

- FHM - FLOOD HAZARD MANAGEMENT VARIANCE (DIVISION 7)
- SWM - STORMWATER MANAGEMENT PERMIT (DIVISION 8)
 - PRELIMINARY APPLICATION STANDARD APPLICATION
- TRE - TREE REMOVAL PERMIT (DIVISION 10)
- WET - WETLAND ALTERATION PERMIT (DIVISION 11)
- WFP - WELL FIELD PROTECTION ZONE PERMIT (DIVISION 13)

PROJECT INFORMATION

PROJECT NAME:

INTENDED USE:

TAX PARCEL NUMBER(S):

ZONING AUTHORIZATION

Required prior to submitting the Application for Plan Review - DeLand Zoning Office, Room 205

CURRENT ZONING: _____ FUTURE LAND USE: _____ IN ECO? _____

Yes/No

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

NONCONFORMING LOT LETTER REQUIRED: YES NO SUBMITTED: YES NO

PENDING OR APPROVED ZONING/PLAN AMENDMENT: YES NO CASE NUMBER: _____

ZONING AUTHORITY: _____ DATE: _____

COMMENTS: _____

******STAFF USE ONLY******

REVIEW FEE PAID: \$ _____ CHECK NUMBER: _____

PROJECT NAME: _____

APPLICATION NUMBER: _____ - _____ - _____ RSN: _____

APPLICANT INFORMATION

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EXT: _____ FAX: _____ EMAIL: _____

OWNER INFORMATION

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EXT: _____ FAX: _____ EMAIL: _____

One original hard copy and a digital copy in PDF on disk is required for each of the following plans/documents.

- FHM** Cover letter and signed and sealed **folded** exhibits and information by a Registered Professional Engineer per the checklist.
- SWM/PRELIM** Cover letter and sketch plan depicting existing and proposed structures, paving and drainage patterns and other items per the checklist.
- STANDARD** Cover letter must be submitted with items below
 - Signed & sealed **folded** plan - including a signed & sealed boundary survey, landscaping plan and other items per checklist.
 - Stormwater calculations (when applicable)
 - Geotechnical Report (when applicable)
 - Biological Report (when applicable)
- TRE** Cover letter, sketch plan & other items per the checklist
 - Tree preservation plan and tree removal/replacement with calculations (when applicable)
 - Tree Survey (when applicable)
- WET** Cover letter and signed & sealed **folded** plan - including a mitigation plan, wetland survey, the wetlands and wetland buffers depicted and other items per the checklist
 - Copy of federal, state & regional permits &/or applications & conditions issued (when applicable)
- WFP** Cover letter and signed & sealed **folded** plans - including a signed & sealed boundary survey, specifications for the hazardous substance storage system and other items per the checklist)

BY SIGNING BELOW, YOU ACKNOWLEDGE THE REQUIREMENT FOR THE COMPLETE APPLICATION SUBMISSION AND ALL FEES TO BE RECEIVED IN THIS OFFICE. ADDITIONAL FEES MAY BE ASSESSED DURING THE APPLICATION REVIEW PROCESS AND SHALL BE PAID PRIOR TO ISSUANCE OF THE DEVELOPMENT PERMIT. APPLICATIONS DETERMINED TO BE INCOMPLETE MAY BE RETURNED TO THE APPLICANT PRIOR TO ACCEPTANCE, OR FINAL APPROVAL MAY BE DELAYED. COUNTY STAFF IS HEREBY GRANTED ACCESS TO THE PROPERTY FOR INSPECTION AND REVIEW PURPOSES.

APPLICANT SIGNATURE: _____ DATE: _____

If you are not the property owner, you must have the owner complete the attached "Owner Authorization Form"

******STAFF USE ONLY******

PROJECT NAME: _____

APPLICATION NUMBER: _____ - _____ - _____ - _____ RSN: _____



NOTARIZED AUTHORIZATION OF OWNER

I/We,

PRINT OWNER'S NAME

as the sole or joint fee simple title holders(s) of the property described (or referenced) as:

TAX PARCEL AND/OR LEGAL DESCRIPTION

authorize

to act as my agent

(PRINT AGENT'S NAME)

to seek

on the above property

(TYPE OF APPLICATION)

OWNER'S SIGNATURE _____

OWNER'S SIGNATURE _____

DATE _____

DATE _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____
(DATE)

by _____, who is/are personally
(OWNER(S))

known to me or who has/have produced _____ as
identification and who did not take an oath. (TYPE OF IDENTIFICATION)

NOTARY PUBLIC, STATE OF _____

Type or Print Name: _____

Commission No.: _____

My Commission Expires: _____

****STAFF USE ONLY****

PROJECT NAME: _____

APPLICATION NUMBER: _____ - _____ - _____

RSN: _____