

**CITY OF ATLANTIS
260 Orange Tree Drive
Atlantis, FL 33462
(561) 965-1744**

DEVELOPMENT APPLICATION

All information must be printed or typed.

APPLICATION NO.: _____

SUBMITTAL DATE: _____

PROPERTY OWNER(S):	APPLICANT:
Name:	Name:
Address:	Address:
Phone:	Phone:

CHECK APPLICABLE APPROVALS BEING REQUESTED:
(All Fees as set by current City Code must be submitted with this Application.)

ADMINISTRATIVE APPEAL		REZONING	
ANNEXATION		SITE PLAN REVIEW	
COMPREHENSIVE PLAN AMENDMENT		SPECIAL EXCEPTION	
PLANNED UNIT DEVELOPMENT (PUD)		VARIANCE	

INSTRUCTIONS:

Fill out all sections of this Application that apply. If this Application is being submitted by anyone other than the Owner(s), please submit proof of ownership, along with a letter from the Owner authorizing the agent to act on the Owner's behalf. You must provide **seven (7) copies** of all plans, plats, application forms, etc. with this Application. Please note that additional plans and documentation may be required and requested by the City.

For Site Plan Review and Variance Applications, a survey showing the required set back line and the location of the proposed addition/alteration to scale on the survey, by a registered surveyor is required.

GENERAL DATA

Project Name: _____

Project Location (Address and Property Control No.): _____

Estimated Value of Project (Include all construction costs): _____

Existing Zoning: _____

Proposed Zoning: _____

Existing Comprehensive Plan Designation: _____

Proposed Comprehensive Plan Designation: _____

Existing Land Use: _____

Proposed Land Use: _____

Total Site Area: _____ Sq. Ft. _____ Acres

Is site currently served by public water? Yes _____ No _____

Is site currently served by public sewer? Yes _____ No _____

Total Number of Dwelling Units: _____ Density (Units per acre): _____

Total Square Footage: _____ Number of Buildings: _____

Describe briefly the nature of any improvements (buildings, structures etc.) presently located on the property.

Describe the type of operation or business, and the construction/project proposed. Include reference to any City Code sections from which a Variance is being sought (Attach additional sheet if necessary).

Describe in detail the phasing of the proposed project (Attach additional sheet if necessary).

State the reasons or basis for the request, and explain why this request is consistent with good planning and zoning practice, will not be contrary to the City's Comprehensive Development Plan, and will not be detrimental to the promotion of public appearance, comfort, convenience, general welfare, good order, health, morals, prosperity, and safety of the City. For Special Exceptions, Variances and Administrative Appeals etc., you must also complete and submit with this Application a separate justification statement addressing the standards as set forth in City Code.

Has any previous Application been filed within the last year in connection with the subject property?
(Yes) (No) If yes, briefly describe the nature of the Application:

EXACT LEGAL DESCRIPTION OF PROPERTY:

(Attach additional sheet if necessary.)

Give the name, address and telephone number for the following persons or firms involved in this project:

AGENT [if different from Owner(s)]:	ARCHITECT:
Name:	Name:
Company Name:	Company Name:
Address:	Address:
Phone:	Phone:

CONTRACTOR:	SURVEYOR:
Name:	Name:
Company Name:	Company Name:
Address:	Address:
Phone:	Phone:

ATTORNEY:	LANDSCAPE ARCHITECT:
Name:	Name:
Company Name:	Company Name:
Address:	Address:
Phone:	Phone:

APPLICANT'S CERTIFICATION

I (We) affirm and certify that I (We) understand and will comply with all provisions and regulations of the City of Atlantis, Florida. I (We) understand that if this Application is approved by the City, the aforementioned real property described herein will be considered, in every respect, to be a part of the City of Atlantis and will be subjected to all applicable laws, regulations, taxes and police powers of the City including the Comprehensive Plan and Zoning Code. I (We) further certify that all statements and diagrams submitted herewith are true and accurate to the best of my (our) knowledge and belief. Further, I (We) understand that this Application and attachments become part of the Official Records of the City of Atlantis, Florida, and are not returnable.

Witness

Signature of Applicant

Witness

Printed Name of Applicant

Applicant is:

- _____ Owner
- _____ Optionee
- _____ Lessee
- _____ Agent
- _____ Contract Purchaser

Address: _____

Telephone Number: _____

Fax Number: _____

