



CITY OF ORMOND BEACH

v5.3

Planning Department

22 South Beach Street, Ormond Beach, FL 32174

Tel: (386) 676-3238

www.ormondbeach.org

comdev@ormondbeach.org

SITE PLAN REVIEW - APPLICATION

For Planning Department Use

Application Number

Date Submitted

APPLICATION TYPE

Please select appropriate application type

Other - Preliminary Plat

FEES

| | <u>Application</u> | <u>Advisory Board</u> | <u>Commission</u> | <u>Total*</u> |
|--|--------------------|-----------------------|-------------------|---------------|
| Conceptual Plan | 100 | N/A | N/A | 100 |
| New Site Plan | 1500 | N/A | N/A | 1500 |
| Site Plan Re-Submittal | 500 | N/A | N/A | 500 |
| Minor Modification to Approved Site Plan | 600 | N/A | N/A | 600 |
| Lot Split or Lot Line Adjustment | 350 | N/A | N/A | 350 |
| Downtown Site Plan (New) | 600 | N/A | N/A | 600 |
| Downtown (Minor Modification) | 300 | N/A | N/A | 300 |
| Street Vacation | 500 | N/A | 1424 | 1924 |
| Easement Release | 50 | N/A | N/A | 50 |

Stormwater Management (required for new site plans)

Base fee of 300, plus 20 per acre up to 10 acres;
 - plus 10 per acre over 10 acres up to 40 acres;
 - plus 5 per acre for each acre of fraction thereof over 40 acres up to 160 acres;
 - plus 2 per acre thereafter.

TOTAL: **\$1,100**

*The total is calculated as the Application plus approximate Advisory Board and Commission Public Notification Fees. Depending on the actual costs, Staff shall refund any remaining balance or require additional payment. Please refer to the Schedule of Fees in the Land Development Code or contact the Planning Department for a summary of those noted plus any additional costs that may be required.

APPLICANT INFORMATION

This application is being submitted by Property Owner Agent, on behalf of Property Owner

| | |
|-----------------------|----------------------------------|
| Name | Clint Smith |
| Address | 145 City Place, Suite 300 |
| City, State, Zip Code | Palm Coast, FL 32164 |
| Telephone | 386-446-6226 |
| Email Address | csmith@allete.com |

If this application is being submitted by person other than the property owner, please provide the following Property Owner Information.

PROPERTY OWNER INFORMATION

| | |
|-----------------------|----------------------------------|
| Name | Tomoka Holdings, LLC |
| Address | 145 City Place, Suite 300 |
| City, State, Zip Code | Palm Coast, FL 32164 |
| Telephone | 386-446-6226 |
| Email Address | csmith@allete.com |

If the property owner does not reside on the property for which the application refers, please provide the following Property Details.

PROPERTY DETAILS

| | |
|-------------------|--|
| Address | South side of US 1, west of I-95 |
| Zip Code | 32174 |
| Parcel I.D. | 26-13-31-00-00-0100 |
| Legal Description | 26 13 31 ALL S 1/2 S OF R/R & E 5/8 N OF R/R & S OF US 1 EXC SE 814.24 FT AS MEAS ON US 1 PER OR 4989 PG 2211 PER OR 5495 PG 0779 |

PROJECT COORDINATOR

Name
Address
City, State, Zip Code
Telephone
Email Address

PROJECT INFORMATION

Name

Description

CERTIFICATION

I hereby certify that the information provided above is true and correct to the best of my knowledge and that I am aware of the application submittal requirements and review process for this application. I hereby authorize City of Ormond Beach Staff to place legal notice, if applicable, on my property and to visit and take pictures pertaining to my request. I am aware of the required pre-application meeting and also aware that if all the required information is not provided, my application will be continued to the next weekly scheduled meeting.

Signed by Clinton F. Smith Date Dec. 11, 2014

Corporation

STATE OF FLORIDA)
 COUNTY OF VOLUSIA) SS
 Flagler

The foregoing instrument was acknowledged before me this 11th day of December, 2014, by Clinton F. Smith, in their capacity as the Vice President, of Tomoka Holdings, LLC who is personally known to me or has provided identification.

Robin Raley
 Notary Public
 State of Florida
 My Commission Expires:

ATTEST: _____

Individual

STATE OF FLORIDA)
 COUNTY OF VOLUSIA) SS

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who provided _____, as identification or is personally known to me.

 Notary Public
 State of Florida
 My Commission Expires: