



**CITY OF ORMOND BEACH**

Updated 08/2015

Planning Department

22 South Beach Street, Ormond Beach, FL 32174

Tel: (386) 676-3238

www.ormondbeach.org

siteplans@ormondbeach.org

**SITE PLAN REVIEW - APPLICATION**

*For Planning Department Use*

Application Number

Date Submitted

**APPLICATION TYPE AND FEES**

	Application	Advertising Deposit for Advisory Board	Advertising Deposit for Commission	Total*
<input type="checkbox"/> Conceptual Plan	100	N/A	N/A	100
<input type="checkbox"/> New Site Plan	1500	N/A	N/A	1500
<input type="checkbox"/> Site Plan Re-Submittal	500	N/A	N/A	500
<input checked="" type="checkbox"/> Minor Modification to Approved Site Plan	600	N/A	N/A	600
<input type="checkbox"/> Lot Split or Lot Line Adjustment	350	N/A	N/A	350
<input type="checkbox"/> Downtown Site Plan (new)	600	N/A	N/A	600
<input type="checkbox"/> Downtown Site Plan (minor modification)	300	N/A	N/A	300
<input type="checkbox"/> Street Vacation	500	N/A	1424	1924
<input type="checkbox"/> Easement Release	50	N/A	N/A	50
<input type="checkbox"/> 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.

Other type not listed:

TOTAL:

\*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

Full Address

Telephone  Email

\*\* If this application is being submitted by a person other than the property owner, please provide the following Property Owner Information as well as a notarized letter designating you as agent.

**PROPERTY OWNER INFORMATION\*\*\***

Name

Full Address

Telephone  Email

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

**PROJECT COORDINATOR**

Name Roger W. Strcula, PE, CPESC  
Full Address 265 Kenilworth Ave, Ormond Beach, FL 32174  
Telephone 386.672.9515 X203 Email rwstrcula@uphaminc.com

**PROJECT INFORMATION**

Project Name: Davita Dialysis  
Project Address: 420 S. Nova Rd, Suite 240, Ormond Beach, FL 32174

Description Minor utility modification to install new 2-inch water service from existing 3-inch private water service to provide additional source of domestic water supply to serve demand for dialysis operation within tenant space.

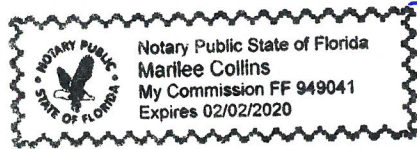
**CERTIFICATION**

By submitting this application, 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 on my property and to take pictures pertaining to my request. I am aware of the required pre-application meeting and am aware that if all the submittal requirements are not provided, my application will be continued to the next regularly scheduled hearing.

Signature: *Roger W Strcula*  
Roger W. Strcula

STATE OF FLORIDA  
COUNTY OF Volusia

The foregoing instrument was acknowledged before me this 19 day of JAN, 2018, by ROGER W. STRCULA as PRESIDENT (title\*) for UPHAM, INC. (name of corporation\*), who ( ) provided \_\_\_\_\_ as identification, or ( ) who is personally known to me.



*Marilee Collins*  
Notary Public, State of Florida  
My Commission Expires:

\* If you are executing this document on behalf of a corporation please complete the spaces with your title and the name of your company as indicated.