



CITY OF ORMOND BEACH

Planning Department

22 South Beach Street, Ormond Beach, FL 32174

Tel: (386) 676-3238

www.ormondbeach.org

siteplans@ormondbeach.org

Updated 08/2015

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 checked="" 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 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

Stormwater Management (required for new site plans)

Stormwater Management Fee:	
Base Fee	\$ 300.00
Site 5.33 < 10 acres	\$ 20.00
Total	\$ 320.00

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***

*Key: Name (Parcel ID 4230-00-00-(XXXX)

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. Strucula, PE / Upham, Inc.
Full Address 265 Kenilworth Avenue, Ormond Beach, Florida 32174
Telephone 386.672.9515 Email rwstrucula@uphaminc.com

PROJECT INFORMATION

Project Name: Shoppes on Granada, Phase 2

Project Address: West Granada Boulevard, Ormond Beach, Florida 32174

Description The project involves combining Parcel(s) 4230-00-00 -0353 (Roney), -0350 (Roney), -0070 (Salzburg), -0150 (Vinall), and 0.312 acres of the overall 1.80 acre parcel ending in -0130 (Sea Coast Bank) and 0.624 acres of the overall 2.135 acre parcel ending in -0160 (Hess) to provide a total of 5.33 acres of developable area. The proposed shoppes are to include an Aldi Food Market and three (3) attached multi-tenant shops, the new Salzburg Animal Hospital and a commercial building adjacent to Sea Coast Bank for future tenant(s). Site work improvements include fill of 0.52 acres of jurisdictional wetland and enhancement of 0.62 acres of wetland for mitigation. The proposed off-site and on-site impervious area is 0.196 and 2.844 acres respectively for a total of 3.04 acres of impervious area. The proposed total on-site open space is 2.486 acres.

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 Strucula
Roger W. Strucula, PE, President, Upham, Inc.

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 21 day of FEB, 2017, by ROGER W. STRUCULA 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.