

19-037



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

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: **600**

*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 Robert Crumpton
Full Address 1190 N. US Hwy 1, Ormond Beach, FL 32174
Telephone 352-677-9559 Ext 2145 Email RobertE.Crumpton@edgewell.com

PROJECT INFORMATION

Project Name: Edgewell Personal Care
Project Address: 1190 N. US Hwy 1, Ormond Beach, FL 32174
Description Site plan modification for loading dock addition.

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: Bruce Mackey

STATE OF FLORIDA
COUNTY OF Volusia

The foregoing instrument was acknowledged before me this 21ST day of Jan, 2019, by Bruce Mackey, as Plant Manager (title*) for Edgewell Personal Care (name of corporation*), who () provided License as identification, or () who is personally known to me.



Jennifer Linn Flesch
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF978267
Expires 4/4/2020

Jennifer Linn Flesch
Notary Public, State of Florida
My Commission Expires: 4/4/2020

* 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.