



## DEVELOPMENT REVIEW APPLICATION

Project #: \_\_\_\_\_ Application Date: \_\_\_\_\_

**NAME OF PROJECT:** \_\_\_\_\_

**DETAILED DESCRIPTION OF PROJECT:** \_\_\_\_\_

**PROPERTY LOCATION:** (The following can be found at <http://mapgenius.alachuacounty.us/>)

Street Address: \_\_\_\_\_

Section \_\_\_\_ Township \_\_\_\_ Range \_\_\_\_ Grant (If applicable) \_\_\_\_\_

Tax Parcel Number(s): \_\_\_\_\_

Existing zoning: \_\_\_\_\_ Future land use designation: \_\_\_\_\_

Previous actions: Zoning Application Number, Variance Petition Number, Etc.: \_\_\_\_\_

**TYPE OF APPLICATION:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preliminary Development Plan | <input type="checkbox"/> Revised Final Development Plan |
| <input type="checkbox"/> Final Development Plan       | <input type="checkbox"/> Plat or Replat                 |
| <input type="checkbox"/> Administrative Plan Review   | <input type="checkbox"/> Minor Plan                     |
| <input type="checkbox"/> Other: _____                 |   |

**DEVELOPMENT DATA :** Total Project Area (acres) \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Single Family Residential Subdivision:<br>Number of Lots _____  | <input type="checkbox"/> Non-Residential Development<br>Square Footage _____ |
| <input type="checkbox"/> Multi-Family Residential Development<br>Number of Units _____   | <input type="checkbox"/> Redevelopment<br>Square Footage (existing) _____    |
| <input type="checkbox"/> Mixed Use Development (TND/TOD)<br>Non-residential Square Footage _____<br>Number of Residential Units/Lots _____ | Square Footage (proposed) _____  |

**FLOOD PLAIN LOCATED WITHIN PROPERTY** (per Chapter 406, Article 7 of ULDC):  Yes  No  
*(If yes, include a flood plain development permit application and area must be shown on final plans)*

**TREE PERMIT INCLUDED** *(Must be included in final plans):*  Yes  No

*Florida has very broad public records laws. It is the policy of Alachua County that all County records shall be open for personal inspection, examination and / or copying unless otherwise exempted by Florida Statute.*



**Alachua County**  
**Department of Growth Management**  
 10 SW 2<sup>nd</sup> Ave., Gainesville, Fl 32601  
 Tel. 352.374.5249, Fax. 352.338.3224  
<http://growth-management.alachuacounty.us>

Submit Application to:  
**Development Services Division**

**CONTACT INFORMATION:**

**AUTHORIZED AGENT:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PROPERTY OWNER:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**FEES**

PRELIMINARY PLAN: \_\_\_\_\_

    +\$34/ACRE\* \_\_\_\_\_

FINAL PLAN: \_\_\_\_\_

REVISED FINAL \_\_\_\_\_

MINOR PLAN \_\_\_\_\_

ADMIN DEV PLAN \_\_\_\_\_

OTHER: \_\_\_\_\_

HEALTH DEPT. FEE: \_\_\_\_\_

TREE PERMIT: \_\_\_\_\_

**TOTAL FEES:** \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

CASH: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

\*Area is computed by rounding up to the nearest full acre



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Submit Application to:  
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**PROPERTY OWNERS' AFFIDAVIT FOR  
 DEVELOPMENT PLAN REVIEW**

Owner: \_\_\_\_\_ Project # \_\_\_\_\_

Additional Owners: \_\_\_\_\_

Appointed Agent(s): \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Address: \_\_\_\_\_

Description of Request: \_\_\_\_\_

I (we), the property owner(s) of the subject property, being duly sworn, depose and say the following:

1. That I am (we are) the owner(s) and record title holder(s) of the property described in the attached application;
2. That this property constitutes the property for which the above noted development plan review request is being made to Alachua County;
3. That I (we), the undersigned, have appointed, and do appoint, the above noted person(s) as my (our) agent(s) to execute any agreement(s), and other documents necessary to effectuate such agreement(s) in the process of pursuing the aforementioned development plan review request;
4. That I (we), the undersigned shall make available to Alachua county staff a means of reasonable access to the property for which an application has been submitted.
5. That this affidavit has been executed to induce Alachua County to consider and act on the subject request;
6. That I (we), the undersigned authority, hereby certify that the foregoing statements are true and correct.

\_\_\_\_\_  
 Owner (signature)

\_\_\_\_\_  
 Owner (signature)

\_\_\_\_\_  
 Owner (signature)

\_\_\_\_\_  
 Owner (print name)

\_\_\_\_\_  
 Owner (print name)

\_\_\_\_\_  
 Owner (print name)

STATE OF FLORIDA  
 COUNTY OF ALACHUA

SWORN AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2\_\_\_\_\_

BY \_\_\_\_\_

WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE PRODUCED AS IDENTIFICATION

\_\_\_\_\_  
 (TYPE OF IDENTIFICATION)

(SEAL ABOVE)

Notary Public, Commission No. \_\_\_\_\_

(Name of Notary typed, printed, or stamped)