



CITY OF PORT ORANGE

PUBLIC HEARING APPLICATION

Case No.
Date Application Received

Department of Community Development
1000 City Center Circle
Port Orange, Florida 32129

Telephone: (386) 506-5674
Fax: (386) 506-5699
Website: www.port-orange.org

Instructions: A pre-application conference must be held with Department Staff prior to filing an application for any of the items listed below. Please type all information (excluding signature lines). Application must be filled out accurately and completely in order to be accepted for processing. Do not leave any items blank.

NOTE TO APPLICANT: If you would like assistance in completing this form, please call or stop by the Department of Community Development, (386) 506-5674. Our offices are located on the second floor of City Hall, 1000 City Center Circle. Office hours are Monday through Friday 8:00 a.m. to 4:00 p.m.

Please Select Appropriate Application Type: _____

(Public Notice sign for Rezoning, Future Land Use, and PUD/PCD applications will be installed by staff within 10 days of receiving the application.)

Name of Proposed Development: _____

Property Address/Location: _____

Short Parcel ID Number(s): _____ **Current Zoning Classification:** _____

_____ **Proposed Zoning Classification:** _____

_____ **Existing Use:** _____

_____ **Current FLU Designation:** _____

_____ **Proposed FLU Designation:** _____

_____ **Property Size:** _____

Description of Proposed Development: _____

Property Owner: _____

Authorized Agent's Name: _____

Address: _____

City, State, Zip: _____

Email: _____ **Phone:** _____

(Property owner(s) are required to sign Owner Affidavit of Authorization, page 3 of this application, if applicable.)

Engineer's Name: _____ Company: _____
Address: _____
City, State, Zip: _____
Email: _____ Phone: _____

LEGAL ADVERTISING FEES: Processing and review fees do not cover the cost of any required legal advertising. Advertising fees will be billed separately through the City Clerk's office. If you have any questions regarding advertising fees, please contact the Deputy City Clerk at (386) 506-5566.

Applicant's Name: _____
Address: _____
City, State, Zip: _____
Email: _____ Phone: _____
Applicant is: Owner Developer Contract Purchaser Agent

Applicant's Signature: _____ Date: _____
Please Type Above Signatory's Name: _____

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization on this _____ by _____, who is personally
(Date) (Name of Person(s) Acknowledging)
known to me or who has produced _____ as identification and who
(Type of Identification)
did (did not) take an oath.

(Signature) Notary Public, Commission No. _____

(Name of Notary typed, printed or stamped)

Note: The following owner affidavit of authorization is only required when the Applicant is not the Property Owner.

OWNER AFFIDAVIT OF AUTHORIZATION

_____ hereby authorizes _____,
(Property Owner's Name) (Applicant's Name)

and its agents, to make application for _____ to
(Type of Application requested)
the City of Port Orange for property described on the attached application form.

Property Owner's Signature: _____

Please type first and last name of Signatory: _____

Date: _____

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online
notarization on this _____ by _____, who is personally
(Date) (Name of Person(s) Acknowledging)

known to me or who has produced _____ as identification and who
(Type of Identification)

did (did not) take an oath.

_____ Notary Public, Commission No. _____
(Signature)

(Name of Notary typed, printed or stamped)