Notification Form for a Development Order Time Extension  
Due to a State of Emergency, declared by the Governor for Coronavirus

Due to the impact of the Coronavirus, Executive Order 20-52 was issued by the Governor on March 9, 2020, declaring a State of Emergency for Palm Beach County. Based on Executive Order 20-52, Section 252.363, F.S. authorizes a time extension for development orders and permits; in this case 60 tolling days plus 6 months. 
The deadline to apply for this time extension is **August 6, 2020**. Send this completed form with a check for **$301** (for processing) to: Monitoring Section, Planning Div, 2300 North Jog Rd, Suite 2-E, W. Palm Beach, FL  33411-2741.

If multiple time extensions should become available, "When the period of tolling for two separate emergency events overlaps, the period of the [tolling] overlap is counted only once and is not added together." - FDOE

1. Control No.: _______________ Resolution No(s): _______________ Application No.______________ PCN(s) _______________

2. A time extension is sought for the following:

   - [ ] Commencement of Development:  Current Due Date ____________________________
   - [ ] Plat Recordation:  Current Due Date ____________________________
   - [ ] Time-Certain Mitigation Conditions of Approval
   - [ ] Variance Application #________ Condition #________ Current Due Date __________
   - [ ] Other: ____________________________ Current Due Date is ____________________________

3. APPOINTMENT OF AGENT (if any)

   I (the owner) hereby authorize ____________________________ to request a time extension pursuant to Section 252.363, F.S., and to make representations on my behalf. Consent to a firm shall be deemed consent for the entire firm, unless otherwise specified. Consent is valid for one year from date signed, unless less time is specified.

4. OWNER

   SIGNATURE _________________________ CORP. TITLE, IF ANY __________________________ STREET ADDRESS __________________________

   PRINT NAME OF SIGNATORY ______________________ CORP. NAME ______________________ CITY, STATE, ZIP __________________________

   EMAIL ADDRESS ______________________ TELEPHONE NUMBER ______________________ DATE __________________________

5. AGENT

   NAME OF AGENT ______________________ NAME OF FIRM __________________________

   STREET ADDRESS ______________________ CITY, STATE, ZIP __________________________

   EMAIL ADDRESS ______________________ PHONE NUMBER ______________________ DATE __________________________

**IMPORTANT:** ATTACH THE EXTENSION APPLICATION FILING FEE ($301). Make check payable to Palm Beach County Board of County Commissioners.

This document is ADA compliant.