

**Application for a Development Order Time Extension  
Due to a State of Emergency, declared by the Governor for Hurricane Ian**

Due to the impact of **Hurricane Ian**, Executive Order 22-218 was issued by the Governor on September 24, 2022 declaring a State of Emergency for the entire State of Florida, including Palm Beach County. Executive Order 22-218 was subsequently extended by Executive Orders 22-219, 22-268, 23-21, 23-60, 23-104, 23-139, 23-176, 23-214, 24-02, 24-36, 24-80, 24-137, 24-174, 24-235, & 24-287. Based on Executive Order 22-218, Section 252.363, F.S. authorizes a time extension for development orders of **877 tolling days plus 24 months**. The deadline to apply for this time extension is **March 20, 2025**.

*The declaration of a state of emergency issued by the Governor for a natural emergency tolls the period remaining to exercise the rights under a permit or other authorization for the duration of the emergency declaration. Further, the emergency declaration extends the period remaining to exercise the rights under a permit or other authorization for 24 months in addition to the tolled period. The extended period to exercise the rights under a permit or other authorization may not exceed 48 months in total in the event of multiple natural emergencies for which the Governor declares a state of emergency. (Section 252.363, F.S.)*

1. Control No. \_\_\_\_\_ Resolution No. \_\_\_\_\_ 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 Conditions of Approval:  
Condition No. \_\_\_\_\_ Current Due Date \_\_\_\_\_  
Condition No. \_\_\_\_\_ Current Due Date \_\_\_\_\_

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 (if any)	City, State, Zip Code
_____	_____	_____
Email Address	Telephone Number	

5. **AGENT**

_____	_____
Name of Agent	Name of Firm
_____	_____
Street Address	City, State, Zip Code
_____	_____
Email Address	Phone Number

The filing fee for each time extension application is **\$359**.  
You may pay by check online or in-person with the PZ&B cashier.  
For information, refer to the instructions on our webpage or contact the Monitoring staff at 561-233-5322.  
This document is ADA compliant. Revised: 12/23/2024