

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

Due to the impact of **Hurricane Milton**, Executive Order 24-214 was issued by the Governor on October 5, 2024 declaring a State of Emergency for several counties in the State of Florida, including Palm Beach County. Executive Order 24-214 was subsequently extended by Executive Orders 24-215 and 24-264. Based on Executive Order 24-214, Section 252.363, F.S. authorizes a time extension for development orders of **119 tolling days plus 24 months**. The deadline to apply for this time extension is **May 2, 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: 12/4/2024