

**Notification Form for a Development Order Time Extension
Due to a State of Emergency, declared by the Governor for COVID-19**

Due to the impact of the **COVID-19**, 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 Orders 20-52, 20-114, 20-166, 20-213, & 20-276, Section 252.363, F.S. authorizes a time extension for development orders; in this case **299 tolling days plus 6 months**.

The deadline to apply for this time extension is **April 2, 2021**. 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**.

Alternatively, **payments can be made electronically** if you have an account. Please coordinate with Monitoring staff.

If multiple statutory time extensions are available at the same time, "*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**.