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.

This document is ADA compliant.

Time Extension Application per Section 252.363, F.S.  
Form date: 11/10/2020