

Request Form for a Development Order Time Extension
Due to a State of Emergency, declared by the Governor for Tropical Depression Thirteen (Laura)

Due to the impact of the **Tropical Depression Laura**, Executive Order 20-208 was issued by the Governor on Aug 21, 2020, declaring a State of Emergency for Palm Beach County, but was **terminated early by EO_20-209**. Based on Executive Order 20-208 and 20-209, Section 252.363, F.S. authorizes a time extension for development orders, of **6 tolling days plus 6 months**.

The deadline to apply for this time extension is **Nov. 25, 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**.