

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

Due to the impact of **Winter Weather**, Executive Order 26-033 was issued by the Governor on February 9, 2026 declaring a State of Emergency for several counties in the State of Florida, including Palm Beach County. Based on Executive Order 26-033, Section 252.363, F.S. authorizes a time extension for development orders of **60 tolling days plus 24 months**. The deadline to apply for this time extension is **July 9, 2026**.

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 **\$369**.
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: 02/23/2026