



Palm Beach County Zoning Division
2300 N. Jog Road
West Palm Beach, Florida 33411
Phone: (561) 233-5200
Fax: (561) 233-5165

GENERAL APPLICATION
PUBLIC HEARING AND DRO ADMINISTRATIVE PROCESSES

1. REQUEST(S)

Check Type(s) of Application Request(s) and complete as applicable:

PUBLIC HEARING REQUESTS:

- Official Zoning Map Amendment from ... Zoning District to ... Zoning District
With a Concurrent Land Use Amendment from ... Land Use to ... Land Use
Class A Conditional Use (CA) for ...
Class B Conditional Use (CB) for: ...
Development Order Abandonment (ABN) of Resolution No: ... which allowed ...
Expedited Application Consideration (EAC) for: ...
Development Order Amendment (DOA) to a previously approved:
COZ PDD/TDD Class A Class B Other: ...
Type 2 Variance: (Submit Form #43 Variance Supplemental) Concurrent Standalone
Subdivision Variance: (Submit Form #43 Variance Supplemental) Concurrent Standalone
PO Deviations: (Submit Form #92 PO Deviation) from Article(s) ...
Pre-Application Conference (PAC) IRO or PRA: With Questions? Yes No
Type 2 Waiver: (Submit Form #19 Waiver Supplemental) Concurrent Standalone
Unique Structure:
Other:

DRO ADMINISTRATIVE REQUESTS:

- Expedited Development Review Officer approval (DROE) (within 2 months of BCC/ZC approval)
Use subject to Development Review Officer (DRO) approval for ...
Pre-Application Conference (PAC) - Concurrent Review: With Questions? Yes No
Type 2 Concurrent Review: with Building Permit # or with Plat, Name/No.
Type 3 Concurrent Review (Zoning, Land Development and Building)
Administrative Modification to a Plan approved by the ZC / BCC / DRO for ...
Administrative Abandonment (ABN) of a DRO Approval ...
Subdivision ...
Transfer of Development Rights (TDR) (Submit Form #16 TDR Supplemental)
Type 1 Waiver (Submit Form #19 Waiver Supplemental) from Article for
Other

2. APPLICANT INFORMATION

Current Property Owner(s) Name: _____
Address: _____ **City:** _____
State: _____ **Zip:** _____
Phone: _____ **Cell Phone:** _____
Email Address: _____

Applicant's name (if other than property owner(s): _____
Address: _____ **City:** _____
State: _____ **Zip:** _____
Phone: _____ **Cell Phone:** _____
Email Address: _____

Check (✓) here if Applicant is a contract purchaser. Consent is required from the contract purchaser if a contract is pending to purchase the subject property. Home Owners Association (HOA) or Property Owners Association (POA) consent will be required if subject property is under common ownership or request is to modify any aspect of the project which applies to the entire development (i.e. condition of approval, internal roadway, etc.)

Agent:* _____ **Name of Firm:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **Cell Phone #:** _____
Email Address: _____

Agent:* _____ **Name of Firm:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **Cell Phone #:** _____
Email Address: _____

* All correspondence will be sent to the Agent(s) unless otherwise specified.

3. PROPERTY INFORMATION (* Required Fields)

A. *Property Control Number (PCN): <i>(List additional PCN(s) on separate sheet)</i>	
B. *Control Number:	
C. *Control Name :	
D. Application Number:	
E. *Application Name:	
F. Project Number:	
G. *Gross Acreage:	
H. Gross Acreage of affected area:	
I. *Location of subject property: <i>(proximity to closest major intersection/ road)</i>	
J. *Address:	
K. *BCC District:	
L. Overlay (Special Study Area):	
M. Tier	<input type="checkbox"/> U/S <input type="checkbox"/> R/EX <input type="checkbox"/> AGR <input type="checkbox"/> GLADES

4. LAND USE AND ZONING INFORMATION

Current Future Land Use designation:		Proposed Future Land Use designation:	
Current Zoning District:		Proposed Zoning District:	
Existing Use(s):		Proposed Use(s):	
Existing Square Footage:		Proposed Square Footage:	
Existing Number of Units:		Proposed Number of Units:	

5. ARCHITECTURAL REVIEW

This application is subject to the requirements of Article 5.C, Design Standards and request review of the proposed elevations concurrent with:

- Type 1 Projects Requiring BCC Approval
- Type 2 Projects Requiring ZC Approval
- Type 3 Projects Requiring DRO or Site Plan Approval
- Type 4 Projects Requiring Building Permit Approval

This application also includes request(s) for Elevation review and consideration, as indicated below:

- Revise previously approved Elevations;
- Non-conforming structures that are subject to Article 5.C, Percentage of Renovations;
- Approval for Green Architecture (*Type 1 Waiver*, Art.5.C.1.E.3)
- Approval for Unique Structure (Art.5.C.1.E.2)

Note: All application documents shall be consistent with the current Technical Manual, refer to the Zoning Web Page.

6. ADJACENT PROPERTIES

Complete the chart below to identify the Use and Zoning information for the surrounding properties to the project.

Adjacent Property	FLU	Zoning District	Existing Use (Res, Comm, Ind, etc.)	Approved Use (Res, Comm, Ind, etc.)	Existing Sq. ft. or DU/AC	Approved Sq. ft. or DU/AC	Control # (FKA Petition #)	Resolution # R _
EAST								
NORTH								
SOUTH								
WEST								

7. COMPLIANCE

YES <input type="checkbox"/> NO <input type="checkbox"/>	Is the property in compliance with all previous Conditions of Approval and applicable Code Requirements? <i>If no, please explain in the Justification Statement.</i>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Is the property currently the subject of Code Enforcement action? <i>If yes, provide Code Enforcement Case Number: _____</i>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Will the request require modification(s) to a recorded plat or plat with Technical Compliance? <i>If yes, explain in the Justification Statement.</i>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Is the subject property an existing legal lot of record? <i>If no, submit Legal Lot Review Application to the Land Development Division.</i>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Does the proposed improvements exceed the allowable improvement value of the existing structure as identified in ULDC, Article 1? <i>If yes, comply with Article 1.F – Nonconformities.</i>

8. PROPOSED USE DETAILS

Building Name	Use(s) (as per ULDC)	Square Footage	Number of Units	Phase Name	Outparcel

9. CONCURRENCY

Concurrency Reservation

Concurrency Equivalency

Concurrency Exemption

A. Water Provider:			
B. Waste Water Provider:			
C. Drainage District:			
D. Traffic Provider:		Traffic Trips Existing:	
E. Mass Transit Provider:		Traffic Trips Proposed:	
F. Traffic Capacity:		Number of Gross Peak Hour Trips = <i>(If greater than 30; a traffic study will be required)</i>	
G. Public School:			
H. Public Health Provider:			Well /Septic tank :
I. Parks			
J. Fire Rescue			
K. Solid Waste:			
L. Check the proposed means of achieving access from the development site to a point of Legal Positive Outfall for storm water discharged from the site:			
<input type="checkbox"/> Property is contiguous to a natural waterway, or a canal owned and operated by a water control district.			
<input type="checkbox"/> Property owner has legally established drainage rights to convey storm water through all intervening properties between the development site and natural waterway or water control district canal.			
<input type="checkbox"/> Property abuts a road with a functioning drainage system, and property owner has obtained written confirmation from the entity responsible for maintaining the road that the proposed development is eligible to utilize the road drainage system, subject to meeting all permit requirements for drainage connection.			
<input type="checkbox"/> Other (specify): _____			

10. ENVIRONMENTAL ANALYSIS

ENVIRONMENTAL RESOURCE MANAGEMENT (ERM) – Art. 14.B.8.C

Is there Native Vegetation on Site? Yes No If yes; a **Pre-Application Appointment** with ERM is required; Enter date of PAA meeting with ERM _____;

General Vegetation Statement:

Existing and Proposed Grade/Elevation where existing Native Vegetation is to be preserved:

Is site in a Wellfield protection zone? Yes No If yes; submit **Wellfield Protection Affidavit**, available from ERM

HEALTH DEPARTMENT – Art.15

In Justification Statement, under heading “Hazardous Material”, address type(s) and amount of: **1)**all industrial, manufacturing, special or hazardous waste that may be generated; **2)** airborne pollutants that may be generated (i.e. dust or other unconfined particulates such as NOx, SOx, CO, VOC’s, heavy metals, etc.); and, **3)** any special handling of solid waste that may be required.

This application is not complete without the following documents as attachments:

- 1. Justification Statement:** to address the purpose, project history, intent and design objectives of this request, refer to Art.2.A.6.A.1 for the required information.
- 2. Status of Conditions of Approval (COA):**
 - a. Provide letter/document which includes the status of all current Conditions of Approval;
 - b. Include the exact language for any modification(s) to any Condition of Approval;
 - c. If the application request requires time extension for Commencement of Development or recording a Plat, then provide further explanation. (This explanation may be added to the Justification Statement.)

Note: Please refer to PZB Zoning Website for all ULDC Articles <http://www.pbcgov.com/uldc/index.htm> referenced in this document and the Technical Manual for helpful information <http://www.pbcgov.com/techmanual/index.htm>