



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

AFFIDAVIT OF UNDERSTANDING FOR CONCURRENT REVIEW

INSTRUCTIONS: To be completed by the Property Owner(s) / Agent / Project Manager of record at time of application.

Project Name: Submittal Date:

Control Number: Application Number:

Property Address:

Property Control Number(s):

Applicant's Name:

I hereby certify that I, as property owner / agent / project manager, will abide by and agree with the stipulations included in this document related to the DRO Concurrent Review Process. I certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge.

As a part of the Concurrent Review Process I agree to the following:

- 1) To meet with County Staff during a Pre-Application Conference (PAC) to review all requirements; if you wish to decline participation in the PAC meeting, submit Form#112 - Affidavit of Understanding;
2) To have a design team (engineer, contractor, architect, landscape architect, planner, surveyor, etc) assembled prior to application submittal; and,
3) To appoint a Project Manager to coordinate with all applicable reviewing agencies. The Project Manager shall be responsible for the following:
a. Ensuring all agency comments are addressed in a timely manner
b. Distributing agency review comments and responses to the design team
c. Ensuring plans and documents submitted by the design team are consistent with each other
d. Submitting revised documents for processing
e. Ensuring the appropriate design team member attends all necessary meetings

I understand that this process is optional and that the intent is to expedite the development review process. I further agree that significant inconsistencies or issues, failure to address issues in a timely manner, or failure to comply with the terms of this Affidavit will result in the application being remanded to the standard review process.

(Name - type, stamp or print clearly)

(Signature)

(Name of Firm)

(Address, City, State, Zip)

NOTARY PUBLIC INFORMATION:

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_ day of \_\_\_, 20\_\_\_ by \_\_\_ (name of person acknowledging). He/she is personally known to me or has produced \_\_\_ (type of identification) as identification and did/did not take an oath (circle correct response).

(Name - type, stamp or print clearly)

(Signature)

My Commission Expires on: \_\_\_\_\_

NOTARY'S SEAL OR STAMP