



**TOWN OF DAVIE
PARKS, RECREATION & CULTURAL ARTS DEPARTMENT
SPECIAL EVENTS DIVISION**

3801 S. PINE ISLAND RD. • DAVIE, FLORIDA 33328
Phone: 954.797.1163 • Fax: 954.797.1148 • www.davie-fl.gov

DEVELOPMENT APPLICATION FORM

The Town of Davie utilizes this development application form for various types of requests. It must be filled out in order to be officially accepted for processing prior to any scheduled public hearings. The owner/petitioner information on the following sheets must be signed and notarized. The owner/petitioner is responsible for obtaining and providing all appropriate supplemental documents for each type of application. The owner/petitioner also must be present at all scheduled public hearings.

Town Use Only

Project Number: -

Submittal Date: - -

Council District: (or if left blank, refers to Town-wide)

Application Information

Project Name

Project Parcel Folio/Identification Number

Brief Description of Project

Check the application associated with project, only one per form:

- | | |
|---|---|
| <input type="checkbox"/> Admin. Non-Use Special Permit (ASP) | <input type="checkbox"/> Delegation Request (DG) |
| <input type="checkbox"/> Design Variation (DV) | <input type="checkbox"/> Developer's Agreement (DA) |
| <input type="checkbox"/> Development of Regional Impact (DRI) | <input type="checkbox"/> Flex (FX) |
| <input type="checkbox"/> Land Use Plan Amendment (LUPA) | <input type="checkbox"/> Master Planned Development (MSP) |
| <input type="checkbox"/> Pain Management Clinic (PMC) | <input type="checkbox"/> Plat (P) |
| <input type="checkbox"/> Rezoning (ZB) | <input type="checkbox"/> Sexually Oriented Business (SOB) |
| <input checked="" type="checkbox"/> Special Event Permit (SEP) | <input type="checkbox"/> Sign Design Variation (SDV) |
| <input type="checkbox"/> Site Plan/Modification (SP/SPM) | <input type="checkbox"/> Special Permit (SE) |
| <input type="checkbox"/> Temporary Use (TU) | <input type="checkbox"/> Text Code Amendment (ZB(TXT)) |
| <input type="checkbox"/> Variance (V) | <input type="checkbox"/> Vacation of Right-of-Way (VA) |
| <input type="checkbox"/> Wireless Infrastructure (WTI) | <input type="checkbox"/> Other: _____ |

Is this an "after-the-fact" request?

Yes No

Is this request the result of a Town code violation?

Yes No (If yes, attach copy of violation notice)

Has this same or similar request been proposed previously on the property?

Yes No (If yes, attach a copy of any related information)

Community Endowment Fund

Would like to donate: Yes No (All donations are tax-deductible)

Amount: \$5 \$10 \$15 \$25 Other \$_____

(Checking a box does not have an effect on your request, see attached flier for details)

Town Use Only

Project Number:

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Petitioner/Agent Information

Name

Address

Phone

Email

Current Property Owner Information

Name

Address

Phone

Email

Owner Signature and Authorization of Representative

This is to certify that I am the owner of the subject property and that the statements contained herein are accurate to the best of my knowledge.

Printed Name of Property Owner

Signature of Property Owner

I hereby authorize the following to act as my representative in the administration of this application:

Name

Address

Phone

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public

_____ Personally known

My Commission Expires: _____ Other