



Hover form fields for instructions.

## Development Review Application

Date \_\_\_\_\_ DRC # \_\_\_\_\_

### Project Manager/Applicant

Name \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

Mailing address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

### Owner Name (if different from project manager)

Name \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

Mailing address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

### Project Information

Project name \_\_\_\_\_ Project address \_\_\_\_\_

Legal description \_\_\_\_\_

Land area (sq ft) \_\_\_\_\_ Date platted \_\_\_\_\_ Land use category \_\_\_\_\_ Zoning district \_\_\_\_\_

Separately include full descriptive narrative that details entire scope of work

Multi-family Type \_\_\_\_\_ # of units \_\_\_\_\_

Zero lot line/single family \_\_\_\_\_

Commercial \_\_\_\_\_ sq ft

Industrial \_\_\_\_\_ sq ft

Preliminary Site Plan Review | Fees: Residential: \$1,498.89+\$4.24/unit; Non-Residential: \$1,587.56+\$4.24/100 sf

2nd Submittal Plan Review | Fees: Residential: \$1398.07+\$3.37/unit; Non-Residential: \$1285.10+\$3.37/100 sf

Sign-Off | Fees: Residential \$623.11; Non-Residential \$567.22

Major Revision | Fees: Residential \$2,237.41+\$4.24/unit; Non-Residential: \$2,532.58+\$4.24/sf

Minor Revision | Fees: \$680.19

All DRC petitions will expire six (6) months after the date of submittal.  
Approved DRC plans will expire one year after approval date.

For use when applicant IS the owner of subject property (notary required)

Name	Title	Owner signature & date
STATE OF FLORIDA, COUNTY OF BROWARD		
Sworn to (or affirmed) and subscribed before me this day, _____		
by _____	who is personally known	or produced _____

Notary seal                  Notary public signature

For use when applicant IS NOT the owner of subject property (notary required)

This is to certify that I am the owner of subject lands described in this application for site development review and that I have authorized the following applicant to make and file the aforesaid application for site development review.

Owner signature & date

Applicant name	Title	Applicant signature & date
STATE OF FLORIDA, COUNTY OF BROWARD		
Sworn to (or affirmed) and subscribed before me this day, _____		
by _____	who is personally known	or produced _____

Notary seal                  Notary public signature