



Development Review Application

Hover form fields for instructions.

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