

**THE CITY OF EDGEWATER
PLANNING DEPARTMENT
139 EAST PARK AVENUE
386-424-2412**

CONDITIONAL USE – APPLICATION

OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ CASE NO: _____
FEE: \$1000.00

APPLICANT NAME: _____

MAILING ADDRESS: _____

PHONE NUMBERS: HOME: _____ WORK: _____

FAX NUMBER: _____

OWNER'S NAME (if different than applicant): _____

MAILING ADDRESS: _____

PHONE: _____

ADDRESS OF SUBJECT PROPERTY: _____

SHORT PARCEL NUMBER: _____

DESCRIPTION OF CONDITIONAL USE SOUGHT: _____

PURPOSE FOR THE REQUESTED CONDITONAL USE: _____

Pursuant to Chapter 286, F.S., if an individual decides to appeal any decision made with respect to any matter considered at a meeting or hearing, that individual will need a record of the proceedings and will need to insure that a verbatim record of the proceeding is made. The City does not prepare or provide such record.

PLEASE SUBMIT YOUR APPLICATION ACCURATELY WITH A COMPLETED CHECKLIST AND ALL REQUIRED ATTACHMENTS. SUBMISSION OF INCOMPLETE APPLICATIONS WILL DELAY PUBLIC HEARING.

Conditional Use applicants must resubmit plans in response to TRC (Technical Review Committee) comments within 30-days of the TRC meeting or comments being provided to the applicant. Failure to meet the resubmittal deadlines shall require the applicant to file a new application including the appropriate review fees.

SIGNATURE OF OWNER: _____ DATE: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

THE CITY OF EDGEWATER

NOTORIZED AUTHORIZATION OF OWNER

I/We _____ as the sole or
(owner's name)

joint fee simple title holder(s) of the property described as: _____

(legal description or parcel number)

authorize _____ to act as my
agent to seek a _____ on the

(type of request)

above referenced property.

Owner's Signature

Owner's Signature

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me on this _____ (date) by
_____ (name of person acknowledging), who is
personally known to me or who has produce _____ as
(type of ID)

identification and who did not take and oath.

NOTARY PUBLIC – STATE OF FLORIDA

NAME OF NOTARY – TYPED OR PRINTED

COMMISSION # _____

CONDITIONAL USE CHECKLIST

Conditional Use applications shall include the following materials:

- ___ 1. 25-year Ownership and Encumbrance Report (O&E) of less than six (6) months **or** a Title Insurance Policy of less than six (6) months, **or** Title Report of less than six (6) months, from a Title Company.
- ___ 2. Current Warranty Deed.
- ___ 3. Two (2) signed and sealed survey's certified within one (1) year of the filing of the application as reflecting all improvements and conditions on the property.
- ___ 4. A sketch is required indicating the location of the conditional use.
- ___ 5. A statement of the intended development of the property if the conditional use is granted.
- ___ 6. If the conditional use applied for requires site plan approval, the applicant shall submit a site plan meeting the requirements of Section 21-93 of the Land Development Code.
- ___ 7. Names and addresses of real property ownership within a 300-foot radius of the site, which must be obtained directly from the Property Appraisers office. Provide list via e-mail to planning@cityofedgewater.org in dbf format. **Listing printed from the Property Appraisers website shall not be accepted.**

In order to approve a CUP, the P&ZB must make a finding of fact that the CUP:

- a. Is consistent with applicable land development regulations for the zoning district in which the property is located;
- b. Is compatible with existing and proposed uses in the adjacent area; and
- c. Meets the Concurrency Management System requirements described in Article XI.

21-92.05 -Authority

- a. A CUP may set reasonable time limits, renewal conditions, and/or operational restrictions;
- b. A CUP may require completion of the site plan review process described in Section 21-93 of this Article;
- c. If the applicant agrees to install additional landscaping, reduce/or relocate signage, or make other performance standards enhancing the appearance and/or public safety on the subject parcel specific land development requirements may be waived.

Approval Expiration

Unless specifically stated otherwise, a conditional use permit shall expire one hundred twenty (120) days after the final action, unless a building permit or certificate of occupancy has been issued by that date.

CITY OF EDGEWATER
AGREEMENT FOR CONSULTANT, ENGINEERING, PLANNING,
ENVIRONMENTAL, LEGAL, ADVERTISING COSTS & ON-SITE INSPECTIONS

The City of Edgewater contracts for certain consultant, engineering, planning, environmental and legal services related to its review of development projects. All fees charged by any such consultant, engineering, planning, environmental, on-site inspections and/or legal service providers are required to be paid by the **owner/applicant**. In addition, the **owner/applicant** is required to pay all advertising and recording costs in connection with application submitted by the undersigned.

The undersigned agrees that it shall be liable to the City for one hundred percent (100%) of the actual costs, both direct and indirect, of coordinating and reviewing the application submitted by the undersigned, including, but not limited to, the following:

Engineering Review and Approval Fees

Planning Consultant Fees

On Site Inspection and Approval Fees

Legal Fees

Advertising Costs

Recording Costs

The owner/applicant does hereby acknowledge that on-site inspections by City staff, consultants, elected and appointed officials are permitted on said property.

The undersigned agrees to pay the above-referenced fees within thirty (30) days of receipt of an invoice for same and further agrees to pay to the City interest on the unpaid balance at the rate of one percent (1%) per month for any fees not remitted within thirty (30) days of receipt of an invoice for same. No Development Order or Certificates of Occupancy will be issued until all of the above-referenced fees are paid in full.

OWNER/APPLICANT:

_____ ,

a _____

By: _____

Printed Name: _____

Title: _____

Date: _____

REQUEST FORM

Surrounding Property Owners \$25.00 Pre-Paid Flat Fee (please allow 5 business day for processing)

To be completed by Property Owner or Agent: Date of Request: _____

Tax Parcel Number: _____

Check one below:

1. Adjacent only:

2. Radius: Number of feet needed 300 (ie 100, 300, 500 ft)

Owner or Agent Name: _____

Current Mailing Address: _____

Phone Number: _____ Email Address (required if information is to be sent in electronic format): Planning@CITYOFEDGEWATER.ORG

Owner or Agent Signature: _____ Date _____

Select Desired Format:

Printed List (To be pick-up) Certified Printed List Required? (circle yes if needed) **Yes**

If picking up a printed list, please circle which office you would like to pick up from:

DeLand New Smyrna Beach Daytona Beach Orange City

OR

Check your selection from one of the Electronic Formats below. If an electronic format is chosen, it will be emailed to the email address provided above.

- Text (Tab Delimited)
- Excel (.xls)
- Lotus 1-2-3 (.wks)
- Dbase (.dbf)

Please read the disclaimer below and initial. Request will not be processed without customer initials.

DISCLAIMER: Volusia County Property Appraiser and staff are constantly working to provide and publish the most current and accurate information possible. No warranties, expressed or implied are provided for the data herein, its use, or its interpretation. No responsibility or liability is assumed for inaccuracies or errors. Please govern yourself accordingly.

Customer Initials: _____

Forward Request to: Sandy Hulvey, Volusia County Property Appraiser's Office
123 W. Indiana Avenue, Room 102
Deland, Florida 32720 Or FAX 386.740.5179
For questions, please call: 386.736.5903