COMP PLAN SUBMITTAL CHECKLIST

Application Name:__________________________________________________________

Date Received:____________________________________________________________

☐ Development Application

☐ Application fees

☐ Last recorded warranty deed

☐ Applicable consent forms

☐ Public notice documents (not required for Site Plan)

☐ Survey

☐ Statement of use and justification

☐ Traffic Analysis

☐ Traffic Approval by PBC

☐ Market Analysis (CPA, RZ, & SE only)

☐ Soils Analysis

☐ Vegetation Analysis

☐ Utilities Confirmation

☐ Public Services Confirmation

☐ Storm Water Management Confirmation

☐ Well Field Protection Confirmation

☐ Environmentally Sensitive Land Designation & Protection

Submittal Reviewed by:_______________________________________________________

Date Received:____________________________________________________________

TRC/P&Z Date:______________________________________________________________
## DEVELOPMENT APPLICATION

**APPLICATION NO.: ____________**  
**SUBMITTAL DATE: ____________**

<table>
<thead>
<tr>
<th>PROPERTY OWNER(S)</th>
<th>APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>E-Mail:</td>
<td>E-Mail:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

Proof of ownership, along with agent's authorization letter if Application is being submitted by anyone other than the Owner(s), must be submitted with Application.

One (1) original, plus four (4) copies of all plans, plats and forms must be submitted with the application. (Additional copies of the application packet will be required for all subsequent Board meetings). For Minor Site Plan Modifications, submit one (1) original plus two (2) copies. In addition, ALL PLANS, PLATS AND APPLICATION FORMS MUST BE SUBMITTED IN ELECTRONIC FORMAT. Following Council approval 3 complete sets of plans shall be submitted for stamped sign off as well as an updated electronic copy of plans, plats applications in TIFF/PDF format.

### CHECK APPLICABLE APPROVALS BEING REQUESTED:

(Feas per current Village Code must be submitted with application.)

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTRATIVE APPEAL ¹</td>
<td>$250.00</td>
</tr>
<tr>
<td>PLUS 1 HR LEGAL REVIEW DEPOSIT = $195.00</td>
<td></td>
</tr>
<tr>
<td>ANNEXATION</td>
<td>No Fee</td>
</tr>
<tr>
<td>MASTER PLAN REVIEW ¹ ³</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>PLUS 5 HR LEGAL REVIEW DEPOSIT = $975.00</td>
<td></td>
</tr>
<tr>
<td>COMP PLAN AMENDMENT (LARGE) ¹</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>PLUS 7 HR LEGAL REVIEW DEPOSIT = $1,365.00</td>
<td></td>
</tr>
<tr>
<td>COMP PLAN AMENDMENT (SMALL) ¹</td>
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</tr>
<tr>
<td>PLUS 5 HR LEGAL REVIEW DEPOSIT = $975.00</td>
<td></td>
</tr>
<tr>
<td>ZONING TEXT AMENDMENT ¹</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>PLUS 1 HR LEGAL REVIEW DEPOSIT = $195.00</td>
<td></td>
</tr>
<tr>
<td>PRELIMINARY PLAT ¹</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>PLUS 3 HR LEGAL REVIEW DEPOSIT = $585.00</td>
<td></td>
</tr>
<tr>
<td>FINAL PLAT (cost recovery due at resubmittals)</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>PLUS 2 HR LEGAL REVIEW DEPOSIT = $390.00</td>
<td></td>
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<tr>
<td>REZONING ¹</td>
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<tr>
<td>PLUS 5 HR LEGAL REVIEW DEPOSIT = $975.00</td>
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</tr>
<tr>
<td>SPECIAL EXCEPTION ¹</td>
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<tr>
<td>PLUS 3 HR LEGAL REVIEW DEPOSIT = $585.00</td>
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<tr>
<td>ARCHITECTURAL REVIEW (AAR) ¹</td>
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<tr>
<td>PLUS 1 HR LEGAL REVIEW DEPOSIT = $195.00</td>
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<tr>
<td>AAR APPEAL ¹</td>
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<tr>
<td>PLUS 1 HR LEGAL REVIEW DEPOSIT = $195.00</td>
<td></td>
</tr>
</tbody>
</table>

¹ Legal Review Security Deposit of $195.00 per hour, minimum hours set per fee schedule adopted by Resolution No. 16-38
² Adopted on October 20, 2016
³ Site Plan Review is subject to an additional $300.00 per acre fee.

### FOR DEPARTMENTAL USE ONLY

- Received by: ____________________________  
- Date: ____________________________  
- Fee Paid: $__________

- Received from applicant:  
  - 5 Applications  
  - 5 sets of Plans  
  - Fees  
  - CD of submittal  
  - Color Samples

July 2017
GENERAL DATA

Project Name: ________________________________________________________________

Project Location: (Address and property control no.) _________________________________________________

Existing Zoning: ________________________________________________________________

Proposed Zoning: ______________________________________________________________

Existing Comprehensive Plan Designation: _________________________________________________

Proposed Comprehensive Plan Designation: _________________________________________________

Existing Land Use: ________________________________________________________________

Proposed Land Use: ________________________________________________________________

Total Site Area: ____________ Sq. Ft. _____________ Acres

Flood Zone Category: _________________________________________________________________

Is site currently served by public water?      Yes _____      No _____

Is site currently served by public sewer?   Yes _____      No _____

RESIDENTIAL

Total Number of Dwelling Units: _______________ Density (Units per acre): ______________

COMMERCIAL

Total Square Footage: ______________   Number of Buildings: ___________________

Describe briefly the nature of any improvements presently located on the subject property.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Describe type of operation or business proposed; or the proposed construction.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Estimate of construction costs: _______________________________________________________

____________________________________________________________________________

Describe in detail the phasing of the proposed development (Attach if insufficient space).
____________________________________________________________________________
____________________________________________________________________________
State the reasons or basis for the Approval request, and explain why this request is consistent with good planning and zoning practice, will not be contrary to the Village's Comprehensive Development Plan, and will not be detrimental to the promotion of public appearance, comfort, convenience, general welfare, good order, health, morals, prosperity, and safety of the Village. Additionally, all standards set forth in the Village Code of Ordinances for Special Exceptions, Variances, Sign Variances, Administrative Appeals, etc. must be addressed on the additional sheet provided with this application.

Has any previous Application been filed within the last year in connection with the subject property? (Yes) [ ] (No) [X]. If yes, briefly describe the nature of the Application.

Has a site plan been previously approved by the Village Commission for this property? (Yes) [ ] (No) [X]. If yes, please note date of previous approval.

EXACT LEGAL DESCRIPTION OF PROPERTY:
(Attach if insufficient space)
Give the name, address and telephone number for the following persons or firms involved in this development:

<table>
<thead>
<tr>
<th>AGENT [if different from Owner(s)]:</th>
<th>DEVELOPER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Company Name:</td>
<td>Company Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLANNER:</th>
<th>ARCHITECT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Company Name:</td>
<td>Company Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Florida Registration No.:</td>
<td></td>
</tr>
</tbody>
</table>

3
<table>
<thead>
<tr>
<th>ENGINEER:</th>
<th>LANDSCAPE ARCHITECT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Company Name:</td>
<td>Company Name:</td>
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<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Florida Registration No.:</td>
<td>Florida Registration No.:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SURVEYOR:</th>
<th>ATTORNEY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Company Name:</td>
<td>Company Name:</td>
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<tr>
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<td>Address:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CURRENT OCCUPANT:</th>
<th>ALL CORRESPONDENCE WILL BE MAILED TO APPLICANT ONLY UNLESS A SUBSTITUTE ADDRESS IS SPECIFIED BELOW:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
</tbody>
</table>
Consent Form

INSTRUCTIONS: Consent to an agent is required from the property owner(s) and contract purchaser, if applicable, if the property owner(s) or contract purchaser does not intend to attend all meetings and public hearings and submit in person all material pertaining to the application. A separate form is required from each owner/contract purchaser. Consent to a firm shall be deemed consent for the entire firm, unless otherwise specified. Consent is valid for one year from date of notary, unless otherwise specified. Attach copy of last recorded warranty deed for subject property.

Project Name: __________________________ Submittal Date: _______________________

This form shall serve as CONSENT for the agent identified below to prepare or have prepared and submit all documents for the following application(s) affecting property I have an ownership interest in:

(□) Architectural Review (□) Comprehensive Plan Amendment (□) Final Plats (□) Major Site Plan Modification (□) Minor Site Plan Modification (□) Modifications to Council Imposed Conditions (□) Preliminary Plats (□) Rezoning (□) Site Plan Review (□) Special Exception Use (□) Time Extension (□) Variance (□) Voluntary Annexations (□) Zoning Text Amendments

[□] Other (indicate request): __________________________________________________________

I hereby give CONSENT to (_________________________________) to act on my behalf, to submit or have submitted this application and all required material and documents, and to attend and represent me at all meetings and public hearings pertaining to the application(s) indicated above. Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application for the proposed use of:

I hereby certify I have full knowledge the property I have an ownership interest in is the subject of this application. I further certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Planning & Engineering Department of Royal Palm Beach, Florida, and will not be returned. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I acknowledge that additional information may be required to process this application. I further consent to Royal Palm Beach to publish, copy or reproduce any copyrighted document submitted as a part of this application for any third party. I further agree to all terms and conditions, which may be imposed as part of the approval of this application.
OWNER/CONTRACT PURCHASER INFORMATION: I am the [ ] owner [ ] contract purchaser ( one)

_______________________________________         _______________________________________
(Name - type, stamp or print clearly)      (Signature)

Corporation/Entity

_______________________________________
(Address) (City, State, Zip)

STATE OF FLORIDA
PALM BEACH COUNTY:

The foregoing instrument was acknowledged before me 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)

NOTARY'S SEAL

AGENT INFORMATION:

_______________________________________     _______________________________________
(Name - type, stamp or print clearly)       (Name of firm)

_______________________________________
(Address) (City, State, Zip)     Signature of Agent

STATE OF FLORIDA
PALM BEACH COUNTY:

The foregoing instrument was acknowledged before me 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)

NOTARY'S SEAL
(I) (We) affirm and certify that (I) (We) understand and will comply with all provisions and regulations of the Village of Royal Palm Beach, Florida. (I) (We) understand that if this Petition is approved by the Village, the aforementioned real property described herein will be considered, in every respect, to be a part of the Village of Royal Palm Beach and will be subjected to all applicable laws, regulations, taxes and police powers of the Village including the Comprehensive and Zoning Ordinance. (I) (We) further certify that all statements and diagrams submitted herewith are true and accurate to the best of (my) (our) knowledge and belief. Further, (I) (We) understand that this Application and attachments become part of the Official Records of the Village of Royal Palm Beach, Florida, and are not returnable.

Witness

________________________________    __________________________________
Signature of Applicant

Witness

________________________________    __________________________________
Printed Name of Applicant

Applicant is:

☐ Owner
☐ Optionee
☐ Lessee
☐ Agent
☐ Contract Purchaser

Address:

Telephone Number: ________________________________
Fax Number: ________________________________
The School District of Palm Beach County

School Concurrency Application & Service Provider Form

Instructions: Submit one copy of the completed application and fees for each new residential project requiring a determination of concurrency for schools. A determination will be provided within fifteen (15) working days of receipt of a complete application. A determination is not transferable and is valid for one year from date of issuance. Once the Development Order is issued, the concurrency determination shall be valid for the life of the Development Order.

Please check (✓) type of application (one only):

- [ ] Concurrency Determination
- [ ] Concurrency Exemption
- [ ] Concurrency Equivalency
- [ ] Adequate School Facilities Determination
- [ ] Letter of No Impact
- [ ] Time Extension

Fees: Concurrency Determination or Adequate School Facilities Determination ($200.00 for more than 20 units / 20 units or less $100.00); Equivalency ($125.00); Exemption or Letter of No Impact ($25.00); Time Extension ($75.00)

PART I. PROJECT INFORMATION

Please attach a copy of the site/subdivision plan, last recorded warranty deed and consent form

Project Name: ________________________ Municipality: ________________________

Property Control Number (PCN): ________________________

Location / Address of Subject Property: ________________________

DEVELOPMENT REQUEST:

<table>
<thead>
<tr>
<th>Project Data</th>
<th>Type of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section/Township/Range / /</td>
<td>Single Family</td>
</tr>
<tr>
<td>Project Acreage</td>
<td>Multi-Family (Other than apartments)</td>
</tr>
<tr>
<td>Total Number of Units</td>
<td>Apartments (3 stories or less)</td>
</tr>
<tr>
<td>Will the Project be Phased?* (Y/N)</td>
<td>High Rise Apartments</td>
</tr>
<tr>
<td>Concurrency Service Area (CSA)</td>
<td>Age Restricted (Adults Only)**</td>
</tr>
</tbody>
</table>

* If applicable, please attach a Phasing Plan showing the number and type of units to receive certificate of occupancy yearly.
** A Restrictive Covenant is required for age-restricted communities.
OWNERSHIP / AGENT INFORMATION:
Owner’s Name: 
Agent’s Name: 
Mailing Address: 
Telephone Number:  
Fax Number: 

I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge.

Owner or Owner’s Agent Signature  
Date 

PART II. LOCAL GOVERNMENT REVIEW

Date Application Filed:  
Petition Number:  
Reviewed By:  
Title:  

Did the Applicant pay the filing fee to you?  

[ ] YES  (Please attach proof of payment)

[ ] NO  (If no, the applicant must pay the School District. The School District will not review without payment).

Government Representative Signature  
Date 

PART III. TO BE COMPLETED BY SCHOOL DISTRICT

Date & Time Received:  
Case Number:  

☐ I verify that the project complies with the adopted Level of Service (LOS) for Schools

☐ I verify that the project will comply with the adopted Level of Service (LOS) for Schools subject to the attached conditions

☐ I cannot verify that the project will comply with the adopted Level of Service (LOS) for Schools

School District Representative  
Date