

CONSTRUCTION PLAN APPLICATION SUBMITTAL PACKAGE REQUIREMENTS

All Construction Plan Submittal Packages shall contain the following items, as a minimum, or be considered INCOMPLETE and NOT accepted for processing. Construction Plan Submittal Packages shall be submitted to the DRC Coordinator. Please contact the DRC Coordinator at (850) 595-3472 for deadline information.

General Requirements:

- ❑ 1) Prior to the submittal of the Construction plan, the applicant is **strongly encouraged** to have a Pre-Application Meeting with the Plan Review Committee. To arrange this meeting, call the DRC Coordinator at (850) 595-3472.
- ❑ 2) A transmittal letter from the applicant naming the project, identifying the materials being submitted and specifically commenting on how (if) each of these requirements are being addressed. The project name on all documents shall be consistent.
- ❑ 3) Please call the DRC Coordinator to verify submittal fees (850) 595-3472. We accept Visa, Mastercard, check or cash (3% fee on credit card payments).
- ❑ 4) One CD with all of the General, and Construction Plan requirements included. Each document must be in an individual PDF format (ex. A five- page form is to be converted into ONE PDF document).

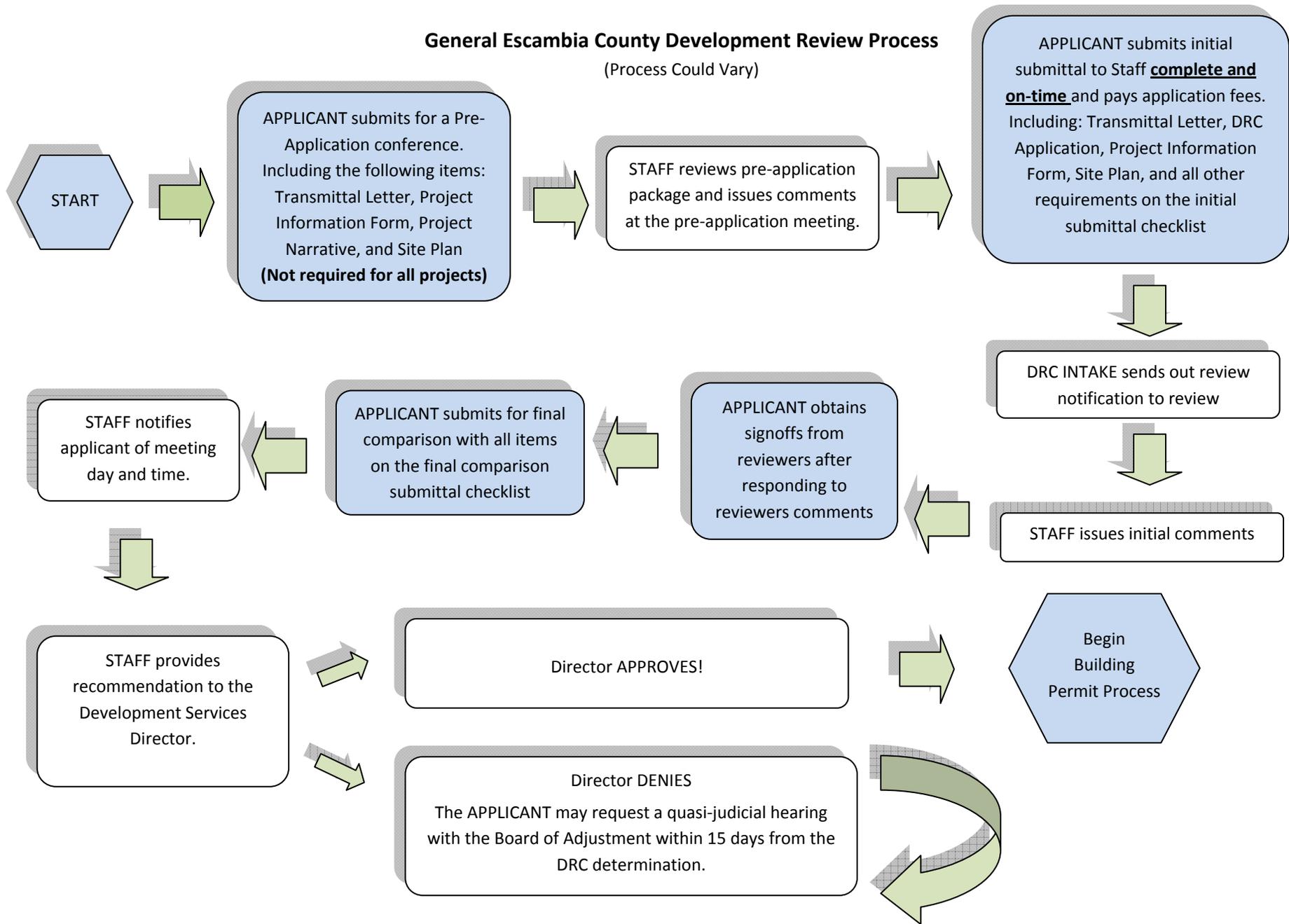
Note: Any document that is required to be signed and sealed the CD must reflect the embossed seal.

Construction Plan Requirements:

- ❑ 1) Three (3) sets of Subdivision Construction Plans, each plan must be folded
- ❑ 2) Stormwater Management Plan (includes narrative and calculations)
- ❑ 3) Geotechnical Report
- ❑ 4) Technical Specification
- ❑ 5) A Lot Grading Plan

General Escambia County Development Review Process

(Process Could Vary)



DISCLAIMER: The data within this chart was compiled from numerous sources and it is provided for reference and information purposes only. No warranties express or implied are provided for the accuracy of the data, its use, or its interpretation. For current up-to-date information contact the Planning & Zoning Staff.

PROJECT INFORMATION FORM

Development Services Department, 3363 West Park Place, Pensacola, FL 32505 (Phone) 850-595-3475 (Fax) 850-595-3703
www.myescambia.com

Allow 2 working days for the return of this form

SECTION 1-A: MANDATORY – THIS SECTION TO BE COMPLETED BY APPLICANT

Applicant/Company Name: _____ Phone: _____ Fax: _____

Mailing Address: _____ State: _____ Zip Code: _____

Project Name: _____ Proposed Use: _____

Property Reference Number(s): _____

Project Address: _____ Estimated Parcel Acreage: _____

Is Site currently developed? NO ___ YES ___ If YES, describe existing development _____

Is a Conditional Use, Variance, Rezoning or Future Land Use Amendment required for the Proposed development? NO ___ YES ___

***If you would like to apply for a Variance (as required by the Land Development Code) prior to the issuance of a Development Order, please contact (850) 595-3475.**

Select Type of Submittal:

Site Plan: _____ Site Plan Minor: _____ Minor Subdivision: _____

Master Plan: _____ Preliminary Plat: _____ Construction Plans: _____ Final Plat: _____

Would you like a Project Champion (Optional Customer Service Program)? _____ Yes _____ No

Site Plan Project Submittals

Estimated SQ. FT. of Building Footprint: _____

Estimated SQ. FT. of Impervious Surface
(Including Bldg Footprint): _____

Subdivision Project Submittals

Total # of Phases: _____ Total # of Lots: _____

of Lots in Phase 1: _____ # of Lots in Phase 2: _____

of Lots in Phase 3: _____ # of Lots in Phase 4: _____

SECTION 2: This section to be completed by County Staff.

Parcel Future Land Use(s): _____ Surrounding Future Land Use(s): _____

Parcel Zoning District(s): _____ Surrounding Zoning Districts: _____

Airport Environment(s): _____ Overlay District(s): _____ Commissioner District: _____

Drainage Basin: _____ Hurricane Evacuation Zone: _____ Flood Zone: _____

Notes: _____

Checked by: _____ Date: _____

Planner/Project Champion Verified: _____ Date: _____

Property Owners: Name: _____

Street address: _____ City: _____ State: _____

Zip Code: _____ Phone: Work (____) _____ Cell (____) _____ Fax (____) _____

E-mail address: _____

Developer: Name: _____

Street address: _____ City: _____ State: _____

Zip Code: _____ Phone: Work (____) _____ Cell (____) _____ Fax (____) _____

E-mail address: _____

Agent / Engineer: Name: _____

Street address: _____ City: _____ State: _____

Zip Code: _____ Phone: Work (____) _____ Cell (____) _____ Fax (____) _____

E-mail address: _____

Provide the requested information in the space provided:

Future Land Use Category(ies): _____ Zoning District(s): _____

Has any part of the project site been previously involved in a Future Land Use Map Amendment, Application for Rezoning, Application for Conditional Use, Application for Variance, Application for Vested Rights, Appeal of Administrative Decision, other county review?
No _____ Yes _____ If YES, which type: _____, Date ____/____/____, Case # _____

Does the proposed project require a Variance, Conditional Use Approval, Rezoning, or a Future Land Use Change?
No _____ Yes _____ If YES, which: _____ If YES, attach written explanation.

***If you would like to apply for a Variance (as required by the Land Development Code) prior to the issuance of a Development Order, please contact (850) 595-3472.**

Provide the requested information in the space provided:

Water Provider: _____ Septic _____ Sewer _____ Provider: _____

Are there existing building(s) on site? No _____ Yes _____

Describe last use of building(s): _____

SQ. FT. of Building Footprint: _____

SQ. FT. of Impervious Surface (Including Bldg Footprint): _____

Total Site Acreage: _____ Total Acreage to be disturbed: _____

Total Acres of Wetlands: _____ Total Acres of Wetlands to be disturbed: _____

Number of Trees on site: _____ Number of Trees to be removed: _____

If you have any question or comments regarding this application, please contact us at (850) 595-3472.

We appreciate suggestions of how to improve our services.

DEVELOPMENT REVIEW APPLICATION CERTIFICATION FORM

I affirm and certify that I am duly qualified as authorized agent to make such application; that I understand the questions asked in the application; that all information and statements submitted in any documents or plans concerning this application are accurate to the best of my knowledge and belief; that I understand the application, attachments, and fees become part of the Official Records of Escambia County and not returnable or refundable; that this application is of my own choosing and staff has explained all procedures relating to this request; that there are no guarantees as to the outcome of this request; that the application is being accepted subject to verification of information; that any false information knowingly given by me may result in denial of the application, and that additional information may be required by Escambia County in order to make a determination.

Name of Proposed Development

Authorized Agent's Signature **Date**

Agents Name (print): _____

Company Name: _____

Street address: _____ City: _____ State: _____

Zip Code: _____ Phone: Work (_____) _____ Fax:(_____) _____

STATE of _____

COUNTY of _____

The forgoing instrument was acknowledged before me this _____ day of _____ ,
year of _____ by _____ who () did () did not take an oath.

He/she is () personally known to me, () produced current Florida/Other driver's license, and/or () produced current
_____ as identification.

Signature of Notary Public Date

Printed Name of Notary

My Commission Expires

Commission No. (Notary seal must be affixed)

AFFIDAVIT OF OWNERSHIP AND LIMITED POWER OF ATTORNEY

As owner of the property located at _____, Pensacola, Florida, property reference number(s) _____, I hereby designate _____ for the sole purpose of completing this Development Review Application and to act on my behalf during the county's processing of the Development Review Application on the above referenced property.

This Limited Power of Attorney is granted on this _____ day of _____ the year of _____ and is effective until the County has rendered a decision on this request and any appeal period has expired. The owner reserves the right to rescind this Limited Power of Attorney at any time with a written, notarized notice to the Department of Growth Management.

Signature of Property Owner Date Printed Name of Owner

STATE of _____
COUNTY of _____

The forgoing instrument was acknowledged before me this _____ day of _____, year of _____ by _____ who () did () did not take an oath. He/she is () personally known to me, () produced current Florida/Other driver's license, and/or () produced current _____ as identification.

Signature of Notary Public Date Printed Name of Notary

My Commission Expires Commission No. (Notary seal must be affixed)

CONSTRUCTION PLAN FINAL COMPARISON SUBMITTAL REQUIREMENTS

All Final Comparison Submittal Packages shall contain the following items. Final Comparison Submittal Packages shall be submitted to the DRC Coordinator. Please contact the DRC Coordinator at (850) 595-3472 for deadline information.

General Requirements:

- 1) Transmittal letter from the applicant naming the project, identifying the materials being submitted. The project name on all documents shall be consistent.
- 2) Disposition Report with all required signatures.
- 3) Written Response to Comments that addresses all outstanding issues.
- 4) Payment of any remaining fees. Please call the DRC Coordinator at (850) 595-3472 to verify amount. We accept Visa, Mastercard, check or cash (3% fee on credit card payments).
- 5) Four (4) sets of revised plans.
- 6) A set of revised Stormwater Management Plan as necessary.
- 7) A set of revised Technical Specifications as necessary.
- 8) A Lot Grading Plan.
- 9) One CD with all of the General Requirements above included. Each document must be in an individual **PDF** format (ex. A five- page form is to be converted into ONE PDF document).