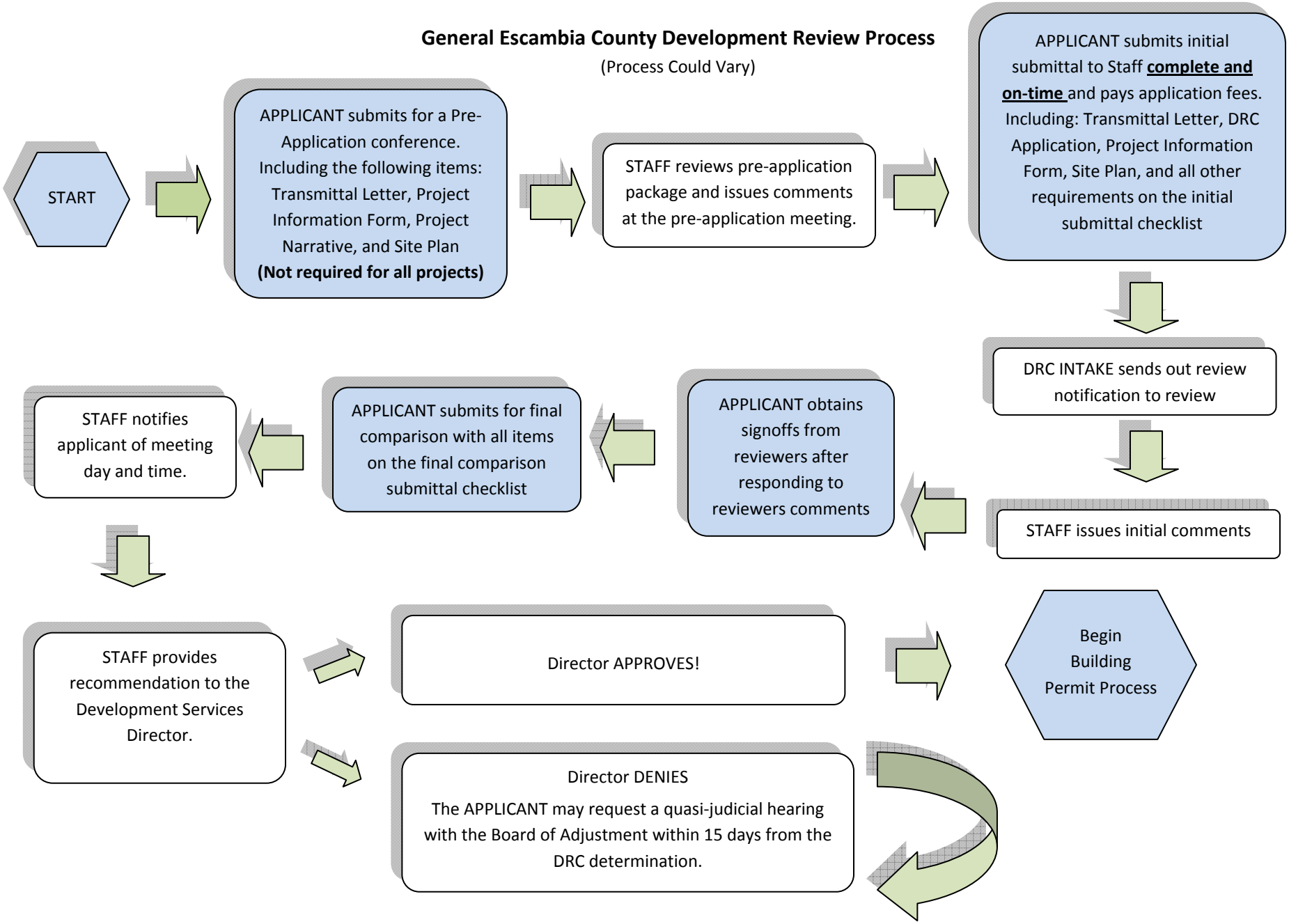
PRELIMINARY PLAT
APPLICATION SUBMITTAL PACKAGE REQUIREMENTS

All Preliminary Plat Submittal Packages shall contain the following items, as a minimum, or be considered INCOMPLETE and NOT accepted for processing. Preliminary Plat Submittal Packages shall be submitted to the DRC Coordinator. Please contact the DRC Coordinator at (850) 595-3472 for deadline information. For specific information required on the preliminary plat, refer to each Department's Checklists.

- ❑ 1) Prior to the submittal of the Preliminary Plat, the applicant is **strongly encouraged** to schedule 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) A Project Information Form completely filled out prior to submittal of the application package. WARNING: This form must have the street address of the project site or it will not be accepted.
- ❑ 4) The original DRC application form completely filled out prior to submittal. WARNING: This form must have the street address of the project site or it will not be accepted.
- ❑ 5) 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).
- ❑ 6) A set of preliminary plat plans, each bearing the signature and seal of the Engineer. Each shall be folded or they will NOT be accepted.
- ❑ 7) A certified Boundary Survey identifying the amount of acreage and mean high water line, if applicable, as defined by Chapter 177, Part II, Florida Statutes, "Coastal Mapping".
- ❑ 8) Site Conditions Survey results (if required) shall be on file at time of application package submittal.
- ❑ 9) Proof of ownership (recorded deed) for all (each) development parcels. Names on deed and legal description provided by Tax Appraiser must be the same.
- ❑ 10) A set of stormwater calculations. Each set must bear the signature and seal of the Engineer.
- ❑ 11) Letters of availability from all utility providers, to include the following:
  - o A letter or other documentation from the sanitary sewer purveyor that adequate capacity within its system is available and the Level of Service (LOS) is maintained. If sanitary sewer is not available, approval from FDHRS and/or DEP is required prior to issuance of a development order.
  - o A letter or other documentation from the potable water purveyor that adequate capacity within its system is available and the Level of Service (LOS) is maintained. If project is not served by a central water system, an extraction permit from NWFWMD is required prior to issuance of a development order.
- ❑ 12) One CD with all of the above information included. Each document must be in an individual PDF format (ex. A five- page form is to be converted into ONE PDF document). Any document that is required to be signed and sealed the CD must reflect the embossed seal.

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	Subdivision Project Submittals	
Estimated SQ. FT. of Building Footprint: _____	Total # of Phases: _____	Total # of Lots: _____
Estimated SQ. FT. of Impervious Surface (Including Bldg Footprint): _____	# 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: _____

DEVELOPMENT REVIEW APPLICATION

ESCAMBIA COUNTY DEVELOPMENT SERVICES DEPARTMENT
3363 West Park Place, Pensacola, FL 32505 850-595-3472
www.myescambia.com

Project Name_____

Project Address: _____

Choose either BOX 1 or BOX 2, mark ONLY ONE (1) application type. In BOX 3, mark only one type of proposed land use.

BOX 1: Major Development Application Type	**BOX 2:** Minor Development Application Type
1) ____Site Plan 2) ____Preliminary Plat 3) ____Construction Plans 3) ____Master Plan 4) ____Minor Subdivision 5) ____ Final Plat 6) ____ Artificial Lake 7) ____ Artificial Pond	1) ____ Site Plan Minor (See form on web site titled "Minor Development Site Plan Submittal")

BOX 3: Type of Proposed Land Use ____Commercial ____Residential ____ Both

List the Property Reference Number(s) for all parcels involved:

Parcel	Sec #	Twp #	Rge #	Sub #	Lot #	Blk #	**Parcel**	Sec #	Twp #	Rge #	Sub #	Lot #	Blk #
1							**4**						
2							**5**						
3							**6**						

Project Narrative: Describe the proposed development project including: 1) all existing property uses, conditions and improvements, 2) all proposed uses, 3) height of each building/ structure in stories and feet, 4) federal and state regulatory permits required, 5) density transfer calculations if density transfer is proposed. *(A separate written narrative may be submitted with the application instead of using the space provided below).*

_____

_____

_____

_____

_____

_____

_____

_____

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)

PRELIMINARY PLAT
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.

- ❑ 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 for any remaining fees. Please call the DRC Coordinator at (850) 595-3472 to verify fee amount. We accept Visa, Mastercard, check or cash (3% fee on credit card payments).
- ❑ 5) Four (4) sets of preliminary plat drawings signed and sealed. Each shall be folded or they will NOT be accepted.
- ❑ 6) Any other documentation that has been requested by the plan reviewers.
- ❑ 7) One CD with all of the items listed above. Each document must be in an individual PDF format (ex. A five- page form is to be converted into ONE PDF document).