

Application #: _____
BTR#: _____



TOWN OF LAUDERDALE-BY-THE-SEA, FLORIDA
Department of Development Services
4501 N. Ocean Boulevard Lauderdale-By-The-Sea, FL 33308
Phone: 954-640-4210 Fax: 954-640-4654
www.lbts-fl.gov

DEVELOPMENT APPLICATION

In accordance with Section 30.111-30.113 of the Town's Unified Land Development Regulations: Development applications are required to be provided before any development permit is issued. Please refer to the Town's website to obtain a copy of the corresponding Application Checklist. Please also refer to the Fee Schedule, updated annually by the Town, as provided on the website which will indicate the cost per application type. Please check the development approval being requested:

- | | | |
|---|--|--|
| <input type="radio"/> Abandonment | <input type="radio"/> Conditional Use-Sign | <input type="radio"/> Preliminary Site Plan |
| <input type="radio"/> Administrative Adjustment-Level 1 | <input type="radio"/> Conditional Use-Transfer Fee | <input type="radio"/> Sidewalk Cafe |
| <input type="radio"/> Administrative Adjustment-Level 2 | <input type="radio"/> Construction Time Extension | <input type="radio"/> Sidewalk Cafe Modification |
| <input type="radio"/> Architectural Review-Preliminary | <input type="radio"/> Development Order Extension | <input type="radio"/> Site Plan |
| <input type="radio"/> Architectural Review-Final | <input type="radio"/> Encroachment Application | <input type="radio"/> Site Plan Modification-Level 1 |
| <input type="radio"/> Bicycle Racks | <input type="radio"/> Landscape Plan | <input type="radio"/> Site Plan Modification-Level 2 |
| <input type="radio"/> Conditional Use | <input type="radio"/> Landscape Plan Amendment | <input type="radio"/> Tree Removal |
| <input type="radio"/> Conditional Use Amendment-Level 1 | <input type="radio"/> Parking Reduction-Level 1 | <input type="radio"/> Variance-Single Family |
| <input type="radio"/> Conditional Use Amendment-Level 2 | <input type="radio"/> Parking Reduction-Level 2 | <input type="radio"/> Variance - Other |
| | | <input type="radio"/> Other _____ |

Based on approval being requested, refer to the corresponding checklist and supplemental requirements.

Project Name: _____ Folio Number(s): _____

Street Address: _____

Subdivision Name: _____ Block(s): _____ Lot(s): _____

Name of Property Owner: _____ Address of Property Owner: _____

Property Owner's Phone Number: _____ Property Owner's Email Address: _____

Name of Applicant: _____ Address of Applicant: _____

Applicant Phone Number: _____ Applicant Email Address: _____

Name of Agent (e.g. Contractor) Representing the Project: _____

Agent's Address: _____ - _____ Agent's Phone: _____ - _____ Email Address: _____

Land Use Plan Designation: _____ Zoning District: _____

Existing/Type of Use of the Subject Property: _____

Proposed Use of the Subject Property: _____

As applicable, answer the following:

Existing Number of Units: _____ Proposed Number of Units: _____

Existing Square Footage: _____ Proposed Square Footage: _____



DEVELOPMENT APPLICATION SIGNATURE PAGE

Print Name of Property Owner: _____ Date: _____

Signature of Property Owner: _____

State of Florida: _____

County: _____

SWORN AND SUBSCRIBED before me this _____ day of _____, 20__

The person signing is _____ personally known to me or _____ has produced identification _____

Print Notary Name: _____

My Commission expires: _____

Notary Signature: _____

Print Name of Applicant: _____ Date: _____

Signature of Property Applicant: _____

State of Florida: _____

County: _____

SWORN AND SUBSCRIBED before me this _____ day of _____, 20__

The person signing is _____ personally known to me or _____ has produced identification _____

Print Notary Name: _____

My Commission expires: _____

Notary Signature: _____

FOR ADMINISTRATIVE USE ONLY:

Date Application submitted: _____

Date Application found complete: _____

Pre-Application meeting date: _____

Non-refundable Application Fee: _____

Cost Recovery Fee: _____