



City of Destin

Community Development Department

Planning Division

City of Destin Annex
4100 Indian Bayou Trail
Destin, Florida 32541

Phone (850) 654-1119 • Fax (850) 460-2171

MAJOR SUBDIVISION APPLICATION

_____ - _____ - MS

(project number assigned by planning staff)

All applications must be emailed or shared with planning@cityofdestin.com.

Major Subdivision is a subdivision resulting in 10 or more lots in which all or a majority of lots front on future public or private rights-of-way and which includes the dedication of the land to the City or homeowners association. (e.g. right-of-way, park, drainage retention areas, parking area, access easements, etc.)

Name of Proposed Subdivision: _____
(THIS NAME SHALL BE CONSISTENT ON ALL SUBMITTED PLANS & DOCUMENTS)

1. CONTACT INFORMATION:

A. Owner(s): _____

Mailing Address: _____

Business Phone: _____ Cell: _____

Email: _____

B. Authorized Agent (if applicable): _____

Mailing Address: _____

Business Phone: _____ Cell: _____

Email: _____

C. Engineer: _____

Mailing Address: _____

Business Phone: _____ Cell: _____

Email: _____

D. Surveyor: _____

Mailing Address: _____

Business Phone: _____ Cell: _____

Email: _____

2. PROPERTY TO BE SUBDIVIDED:

Parcel ID (s): _____,

Lot: _____ **Block:** _____ **Plat Book:** _____ **Page Number:** _____

Subdivision: _____

3. PROJECT INFORMATION:

A. General Information:

1) Future Land Use Map Designation(s) of the Property: _____

2) Zoning District(s) of the Property: _____

3) Type of Project / Proposed Land Use of the Property: _____

4) Total Acreage and Square Footage of the Property: _____

5) Existing or Proposed Special Exceptions, Variances, Administrative Appeals, etc.:

6) Total Number of Lots Proposed: _____

7) Minimum Lot Area Proposed: _____

8) Minimum Lot Width Proposed: _____

9) Minimum Lot Depth Proposed: _____

B. Comprehensive Plan Compliance: Including, but not limited to the following:

Does the Proposed Development Site Include the following (Insert "Yes" or "No" in every blank and include those with a "Yes" on the Plans):

- | | |
|--|---|
| _____ Multimodal District and Design Initiatives | |
| _____ Within Harbor CRA District: | _____ Within Town Center CRA District |
| _____ 100-Year Flood Plains | _____ Waterfront Property |
| _____ Conservation Areas | _____ Seaward of (Within) a V-Zone |
| _____ Environmentally Sensitive Area | _____ Seaward of the CCCL |
| _____ Historic Landmarks | _____ Protected Dunes |
| _____ In a Historic District | _____ Protected/Unique Vegetation |
| _____ Archeological Sites | _____ Seaward of Shoreline Protection Zone |
| _____ Habitat of Threatened Species | _____ Preserved Trees (24" d.b.h. and over) |
| _____ Habitat of Endangered Species | _____ Protected Trees (12" d.b.h. and over) |
| _____ Within 200 Feet of a Potable Water Well | |

If in a Flood Zone, give Minimum Base Flood Elevation Required: _____ Provided: _____

4. SUBMITTAL REQUIREMENTS:

A. _____ **Completed application** - All applicable areas of the application shall be filled in and emailed or shared with planning@cityofdestin.com

B. _____ **Application Fees:** [Fee Schedule](#)

(FY 2019 Schedule of Fees, Resolution 19-11, adopted 08/05/19, effective 08/06/19)

Accepted Payments are Cash, Check, MasterCard or Visa. Checks shall be made payable to the City of Destin and submitted to the Planning Division, Community Development Department, City Hall Annex, 4100 Indian Bayou Trail, Destin, Florida 32541.

C. _____ **Proof of Ownership** - A copy of the last recorded deed of the property. Owner on deed must correspond to "Current Owner" identified on page 1.

D. _____ **Agent Affidavit** (if applicable) - Required if the applicant is other than the property owner.

E. **Concurrency Evaluation Certificates (CEC's)** - The following must be provided:

- 1). _____ Stormwater Management, plus 2 sets of signed, sealed and dated calculations.
- 2). _____ DWU Service Questionnaire

The applicant is responsible for returning each CEC to the Community Development Department, completed, approved and signed.

F. Plan Requirements (LDC Section 2.18.02): Including, but not limited to, the following:

- 1) _____ Cover Sheet
- 2) _____ Boundary Survey, which includes the following:
 - a) Signed, sealed and dated by Surveyor registered in the State of Florida.
 - b) No older than six months unless Engineer of Record certifies site has NOT changed.
 - c) Existing conditions of site, which includes trees over 12” in diameter at breast height.
 - d) Delineated Topography.
- 3) _____ Demolition Plan (if applicable)
- 4) _____ Site Plan
- 5) _____ Subdivision Plat (paper copy)
- 6) _____ Grading and Drainage Plan – Calculations must be signed & sealed by a Registered Florida Engineer and meet the requirements of Destin Code of Ordinances, Sections 6-346 and 6-352.
- 7) _____ Utility Plan
- 8) _____ Landscape Plan and Supporting Plans (if applicable)
- 9) _____ Street Lighting Plan
- 10) _____ Detail Sheets

G. Checklist. The Subdivision Checklist is **Required** with submittal.

5. SUBMITTAL PACKAGE QUANTITIES:

- A. **ONE (1) COMPLETE** electronic package of PDF files emailed or shared with planning@cityofdestin.com.

NOTE: This application must be filled out completely and must be signed by the owner or his designated agent. If the applicant is different than the owner of the subject property, then an agent affidavit is required from the owner of the property. The agent affidavit must be completely filled out and submitted with this application. If the property has multiple owners, then all owners or their designated agents must sign this application.

I HAVE READ THE FOLLOWING INFORMATION IN THIS APPLICATION AND HAVE FILLED IN ALL ANSWERS CORRECTLY TO THE BEST OF MY ABILITY.

APPLICANT: _____

SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

**AGENT AFFIDAVIT
SPECIAL POWER OF ATTORNEY**

KNOWN ALL MEN BY THESE PRESENTS, THAT I, _____ am presently the owner and/or leaseholder at _____, and desiring to execute a Special Power of Attorney, have made, constituted and appointed, and by these presents do make, constitute and appoint _____ whose address is _____, County of _____, State of _____, my Attorney-in-Fact to act as follows, GIVING AND GRANTING unto said attorney full power to act as my agent in any and all matters pertaining to: _____.

FURTHER, I do authorize the aforesaid Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by the said attorney shall be binding on myself and my heirs, legal and personal representative, and assigns.

PROVIDED; however, that any and all transactions conducted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by the said attorney for the purpose of caring out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact."

OWNER

Signature

Printed Name

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence ___ or online notarization __, this ___ day of _____, 20___,

By: _____
(Print name)

Personally known _____ OR Produced Identification _____

Notary Signature Seal: