



## 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

## SIMPLE DEVIATION APPLICATION

### Landscape Plan Amendment

To a Previously Approved Development

\_\_\_\_\_ - \_\_\_\_\_ - **SP**

(project number assigned by planning staff)

**All applications must be emailed or shared with [planning@cityofdestin.com](mailto:planning@cityofdestin.com).**

Name & Project Number of the Previously Approved Development to which this deviation will apply:

\_\_\_\_\_

#### I. APPLICANT INFORMATION:

**A. Owner(s):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**B. Authorized Agent (if applicable):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**C. Landscape Architect:**

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**II. PROPERTY INFORMATION:**

Street Address: \_\_\_\_\_

Parcel ID (s): \_\_\_\_\_

\_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plat Book: \_\_\_\_\_ Page Number: \_\_\_\_\_

Subdivision: \_\_\_\_\_

**III. PROJECT INFORMATION:**

Zoning District(s) of the Property: \_\_\_\_\_

Future Land Use Map Designation(s) of the Property: \_\_\_\_\_

Description of Proposed Changes to the Previously Approved Landscape Plan:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. SUBMITTAL REQUIREMENTS**

A. Completed application - The applicant must fill out all applicable areas of the application and submit digitally to [planning@cityofdestin.com](mailto:planning@cityofdestin.com).

B. Application Fee: [Fee Schedule](#)  
(FY2019 Schedule of Fees, Resolution 19-11, adopted 08/05/2019)

**Application fee includes First Submittal Reviews only. Subsequent Submittal Reviews and all mailing costs will be invoiced to the Applicant; invoices must be paid prior to submittal of additional Submittal Review Packages.**

**Accepted Payments are Cash, Check, Debit, Discover, MasterCard or Visa. Checks shall be made payable to the City of Destin and submitted to the Planning Division, 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 - Applicable only if the applicant is other than the property owner

E. Required Drawings - to include, but not limited to the following:

- 1) Cover Sheet
- 2) Landscape Plan
- 3) Any other documentation relevant to project review

**V. SUBMITTAL PACKAGE QUANTITIES:**

**A. ONE (1) COMPLETE DIGITAL package of PDF files emailed or shared with [planning@cityofdestin.com](mailto: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 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 PERSONS 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: