

SUBDIVISION PRE-APPLICATION FORM

Date Received: _____

PROJECT NAME (PRINT): _____

COMPUTER ASSIGNED PROJECT #: _____

OWNER: (PLEASE PRINT)

APPLICANT (PLEASE PRINT)

NAME

NAME

ADDRESS

ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

PHONE NUMBER

PHONE NUMBER

EMAIL ADDRESS

EMAIL ADDRESS

CONTACT PERSON

CONTACT PERSON

SIGNATURE OF OWNER OR AGENT

PROJECT ENGINEER: (PLEASE PRINT)

AGENT (PLEASE PRINT)

NAME

NAME

ADDRESS

ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

PHONE NUMBER

PHONE NUMBER

EMAIL ADDRESS

EMAIL ADDRESS

CONTACT PERSON

CONTACT PERSON

SEE REVERSE SIDE OF FORM

1801 27th Street, Vero Beach FL 32960

SITE ADDRESS: _____

SITE TAX PARCEL ID #(s): _____

PROJECT USE (e.g. residential, commercial, industrial): _____

ZONING: _____ FLUE: _____

TOTAL (GROSS) ACREAGE OF PARCEL: _____

AREA OF DEVELOPMENT (NET) ACREAGE: _____

PROPOSED NUMBER OF LOTS: _____

PROPOSED DENSITY: _____

**** SUBMITTAL CHECKLIST ****

	YES	NO
\$300.00 application fee (No fee if a Planned Development (PD) proposal)	_____	_____
Completed Subdivision Pre-application Form	_____	_____
Ten (10) Copies of the proposed plat (24" X 36")	_____	_____
Include a location map on the plan	_____	_____