JACKSON COUNTY GENERAL DEVELOPMENT ORDER APPLICATION

PROPERTY OWNER INFORMATION

1737.	Stata	7in Codo:
Phone Number:	State: FAX or e-mail:	Zip Code
	APPLICANT INFORMAT	TION
Applicant's Name:		
Address:		
City:	State:	Zip Code:
Phone Number:	FAX or e-mail:	
<u>(</u>	CORPORATE OR BUSINESS INF	ORMATION
Business Name/Contact:		
Address:		
City:	State:	Zip Code:
Phone Number:	FAX or e-mail:	
Address:		
	State:	Zip Code:
City:	State: FAX or e-mail:	
City: Phone Number: *Copies of tl http://www.jackso	FAX or e-mail:	Plan can be accessed at: nent/jackson-county-regu
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City: Phone Number: *Copies of tl http://www.jackso <i>The following</i> Proof of Ownershi Letter of Authoriz	FAX or e-mail: he County Code and Comprehensive ncountyfl.net/community-developr ATTACHMENTS REQUIRED (3 COPIES/1 CAN BE DIGITAL) attachments are required with applica p (Deed)/Lease	Plan can be accessed at: nent/jackson-county-regu Che ation submittal
City: Phone Number: *Copies of tl http://www.jackso <i>The following</i> Proof of Ownershi Letter of Authoriza Traffic Impact Ana	FAX or e-mail:	Plan can be accessed at: nent/jackson-county-regu Che ation submittal Lin application) or (P.E.)
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City: Phone Number: *Copies of th http://www.jackso The following Proof of Ownershi Letter of Authorizz Traffic Impact Ana *if required, as of Stormwater design Site Plans, as indica Right-Of-Way Con Landscape Plan	FAX or e-mail:	Plan can be accessed at: nent/jackson-county-regu Che ation submittal Che Lin application) or (P.E.) nunity Development etter

JACKSON COUNTY GENERAL DEVELOPMENT ORDER APPLICATION

DESCRIPTION OF BUSINESS

Project Address:	City	:			
Briefly describe what type of activities will be con	nducted at th	nis busines	s:		
Total Number of Existing Employees: Tota					
Will Hazardous Material be Stored or Accumulated	d On- Site:	□Yes □	No		
GENERAL	INFORM A	ATION			
New Construction Expansion Exis	sting Buildi	ng	Existing Sh	opping (Center
Will Project Be Built in Phases? NO YES	If yes,	, How Mar	y Phases?		
Projected Build Out Date: (Att	ach Projecte	ed Develop	ment Sche	dule)	
Total Acres Involved in this Project:	_Square for	otage of In	npervious S	urface:	
Total Square Footage of All Buildings (At Build C	Out):		Building I	Height:	
If in shopping Center: Store Front footage of rem	ntal space: _		Tenan	t space #	:
Parcel Tax ID#:					
Utility Providers: Electricity	N	latural Ga	8		
Sewer System: Private Public If	Public, Ind	icate Prov	ider		
	Pubic, Indi	cate Provi	der		
ROAD IN					
				•	
Name of all Roads Abutting Property	Dirt	Paved	County	State	Private
Will a New Road(s) be Created: Yes No	lf yes will tl	ney be:	Public	Private	<u> </u>
Estimate the Number of Vehicles that will be Visit	iting this Lo	cation:			

Distance to Nearest Intersection: _____ Intersection/Road Name: _____

JACKSON COUNTY GENERAL DEVELOPMENT ORDER APPLICATION

GENERAL SITE PLAN REQUIREMENTS

Indicate the following on Site Plan Drawing

- 1. Surrounding developments, including residential, within 1,320 feet of property
- 2. All road Names
- 3. All rivers, lakes, ponds, wetlands and ditches within 1,320 feet
- 4. Easements within 75 feet of property (water, sewer, electric, etc.)

SPECIFIC SITE PLAN REQUIREMENTS

Indicate the following on Site Plan

- 1. All property lines with dimensions, to include all easements
- 2. All existing structures with dimensions
- 3. All proposed structures/expansions with dimensions
- 4. All driveways/access points with dimensions
- 5. All rivers, lakes, ponds, wetlands and ditches on property
- 6. All proposed paved areas, to include parking with dimensions (indicate ADA spaces)
- 7. All proposed signs with dimensions
- 8. All proposed landscaping, to include perimeter buffering (trees, shrubbery, grass, etc.)
- 9. **If in a shopping center include**: Site Plan of whole shopping center, all tenants, and which space you will be placing business with dimensions of your rental space only.

OFF	ICIAL USE ONLY	7		
FEE PAID: Y 🗌 N 🗍 INITIAL:	RECEIPT#		DATE:	
Application #				
<u>TEL</u>	EPHONE DIRECTORY			
JACKSON COUNTY				
Community Development Department	(850) 482-9637	FAX	(850) 482-9846	
Building Department	(850) 482-9805		(850) 718-0029	
County Environmental Health Office	(850) 482-9227		(850) 482-9885	
Road and Bridge Department	(850) 482-9629		(850) 718-0993	
County Fire Marshal	(850) 482-9669			
Property Appraiser	(850) 482-9646			
OTHER				
Dept. of Business and Professional Regulation	(850) 487-1395			
	2			02/201

AGENT AUTHORIZATION FORM For Projects Located in Jackson County, Florida		
Jackson County Board of County Commissioners Visit our web site: www.jacksoncountyfl.net/community-development	Community Development Department 4979 Healthy Way, Suite B, Marianna, FL 32446 Phone: (850) 482-9637 Fax: (850) 482-9846	
	eck one item below.)	
Comprehensive Plan Amendment	Residential Development Order Sign Permit Road Abandonment Sign Permit Subdivision Platting Temporary Use Permit Wireless Facility	
PROPERTY LEGAL DESCRIP		
Parcel Number: Location Address: City:	Subdivision:	
AUTHORIZA		
NOTE: If the property is owned by a corporation or multiple owners to authority is required. Multiple signatures may be required if deemed r form(s) provided upon request. See attached page(s) for more signatures. Number of page I/we (Owner's name as writted	necessary upon application. Additional signature	
owner(s) of the above described property do he for t (Print agent's name) the proposed request and to act as our agent in	he purpose of making application for	
Owner Signature	Printed Name	
Owner Signature	Printed Name	
State of County of The foregoing instrument was acknowledged before r		
or online nortarization, this d by		
(Notary Seal)	Notary Public, State of Florida	
Personally Known or Produced Identification Type of Identification Produced		

AGENT AUTHORIZATION FORM For Projects Located in Jackson County, Florida				
Jackson County Board of County Commissioners	Community Development Department			
Visit our web site:	4979 Healthy Way, Suite B, Marianna, FL 32446			
www.jacksoncountyfl.net/community-development	Phone: (850) 482-9637 Fax: (850) 482-9846			
ATTACHED SIGNAT	URE PAGE #			
Owner's name as written on deed:				
Authorized Agent:				
PROPERTY LOG	CATION			
City:				
AUTHORIZATION SIGNAT	TURES (Continued)			
Owner Signature	Printed name			
Owner Signature	Finted nume			
Our Classifier	Deleted as were			
Owner Signature	Printed name			
Owner Signature	Printed name			
Owner Signature	Printed name			
Owner Signature	Printed name			
Owner Signature	Printed name			
State of				
County of	-			
	-			
The foregoing instrument was acknowledged before m				
or online nortarization, this d				
by				
	Noton, Dublic Cists of Florida			
(Notary Seal)	Notary Public, State of Florida			
Personally Known or Produced Identification				
Type of Identification Produced				
	Revision 02/13/20			

JACKSON COUNTY GENERAL DEVELOPMENT ORDER APPLICATION PROCESS

PRE-DEVELOPMENT CONFERENCE

SUBMIT APPLICATION

APPLICATION SUFFICIENCY REVIEW

PLANNING DEPT. RECOMMENDATION TO PLANNING COMMISSION

PLANNING COMMISSION RECOMMENDATION TO COUNTY COMMISSION

BOARD OF COUNTY COMMISSIONERS' HEARING

SUBMIT CONSTRUCTION PLANS

BUILDING PERMITS ISSUED

PHYSICAL CONSTRUCTION MAY BEGIN AT THIS POINT

VARIOUS BUILDING INSPECTIONS

SUBMISSION OF THE AS BUILT PLANS FOR REVIEW

FINAL JOINT INSPECTION BY PLANNING DEPT. AND BUILDING DEPT.

- Approval of Project
- Table/Postpone
- Denial of Project
- \blacklozenge Approval of Project \rightarrow
- Denial of Project

SITE WORK MAY BEGIN AT THIS TIME. HOWEVER, NO CONSTRUCTIO N MAY TAKE PLACE UNTIL BUILDING PERMITS.

- ♦ Issue Certificate of Occupancy
- Deny Certificate of Occupancy
- Correct Problems

NOTE: 1) Applications must be presented to the Planning Commission within 30 days of receipt of a sufficient application.
2) Board of County Commissioners must take action within 20 days receipt of written recommendations from staff and Planning Commission.
3) Average length of time from submission to Development Order issuance is 8-12 weeks.

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Jackson County Community Development

02-2013



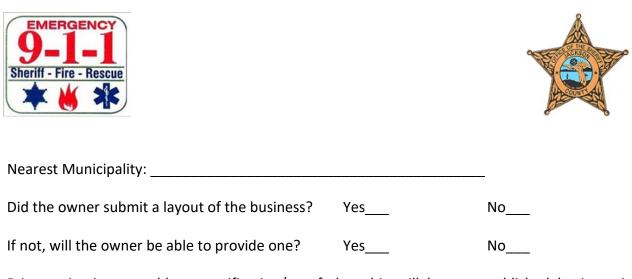


Jackson County Florida

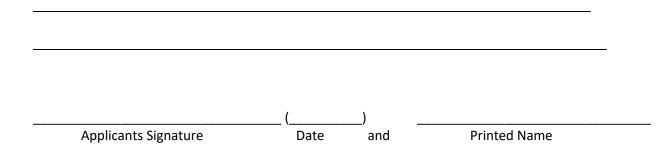
E911 Business Address Application Form

(Please complete entire form)

Name of Business:		
Property Owner(s) Name:		
Name of Authorized Agent:		
Parcel identification number:		
The address will be assigned to: Single	structure Multiple struc	tures
NAME OF THE <u>ROAD</u> BUSINESS WILL BE ON _		
What are the nearest intersecting roads to this	s property?	
What address can be located on either side of	this property or across the stre	et from this property?
(side) (side)) (across-)
Is there a lot number?	_	
Will there be multiple buildings, floors, units, o	or rooms that require addressin	g?
Sub-address designation preference? (Suite, A	.pt, Unit, Etc.)	
Contact phone numbers:		
Office	Cell	Corporate Office
Fax Number	Email Address (PRINT	CLEARLY)



Prior to issuing an address, verification/proof that this will be an established business is required. What information, was or will be provided to verify that this will be an established business in Jackson County, Florida?



(Important) When the Address Technician arrives on site to assign your 911 address number, please have a clearly marked driveway and/or centerline of building sites with a white flag, plastic bag or pole, stick etc. Please do not use pink, yellow flags or orange survey marker flags. Make sure all pets are secured, as to not cause any harm or injury to Staff.

A CORRECT AND POSTED ADDRESS IS FOR YOUR SAFETY! PLEASE POST ADDRESS ON PROPERTY AND AT DRIVEWAY, MAKE SURE TO USE REFLECTIVE NUMBERS AND NUMBERS ARE VISIBLE (3") INCH MINIMUM. ORDINANCE 89-4 WILL APPLY. THANK YOU FOR YOUR COOPERATION.

Note: if your Business is inside city limits, you must contact City Hall for the new address.

*This Department does not validate property ownership, only assign addresses upon request. Form revision date: October 28, 2021