

**JACKSON COUNTY  
GENERAL DEVELOPMENT ORDER APPLICATION**

**PROPERTY OWNER INFORMATION**

Owner's Name as Written on Deed: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ FAX or e-mail: \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ FAX or e-mail: \_\_\_\_\_

**CORPORATE OR BUSINESS INFORMATION**

Business Name/Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ FAX or e-mail: \_\_\_\_\_

**ENGINEER INFORMATION**

Engineering Firm Name/Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ FAX or e-mail: \_\_\_\_\_

\*Copies of the County Code and Comprehensive Plan can be accessed at:  
<http://www.jacksoncountyfl.net/community-development/jackson-county-regulations>

<b>ATTACHMENTS REQUIRED</b> <b>(3 COPIES/1 CAN BE DIGITAL)</b> <i>The following attachments are required with application submittal</i>	
Proof of Ownership (Deed)/Lease	Check List
Letter of Authorization (if other than owner is making application)	
Traffic Impact Analysis* by Florida Professional Engineer (P.E.) <i>*if required, as determined by the County Engineer or Community Development</i>	
Stormwater design by Florida P.E. or Swale Exemption Letter	
Site Plans, as indicated on page 3	
Right-Of-Way Connection Application (D.O.T. or County)	
Landscape Plan	
Development Review Fee (See Fee Schedule)	

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**DESCRIPTION OF BUSINESS**

Project Address: \_\_\_\_\_ City: \_\_\_\_\_

Briefly describe what type of activities will be conducted at this business: \_\_\_\_\_

\_\_\_\_\_

Total Number of Existing Employees: \_\_\_\_\_ Total number of New or Projected Employees: \_\_\_\_\_

Will Hazardous Material be Stored or Accumulated On- Site: ☐ Yes ☐ No

**GENERAL INFORMATION**

New Construction ☐ Expansion ☐ Existing Building ☐ Existing Shopping Center ☐

Will Project Be Built in Phases? NO ☐ YES ☐ If yes, How Many Phases? \_\_\_\_\_

Projected Build Out Date: \_\_\_\_\_ (Attach Projected Development Schedule)

Total Acres Involved in this Project: \_\_\_\_\_ Square footage of Impervious Surface: \_\_\_\_\_

Total Square Footage of All Buildings (At Build Out): \_\_\_\_\_ Building Height: \_\_\_\_\_

**If in shopping Center:** Store Front footage of rental space: \_\_\_\_\_ Tenant space #: \_\_\_\_\_

**Parcel Tax ID#:** \_\_\_\_\_

Utility Providers: Electricity \_\_\_\_\_ Natural Gas \_\_\_\_\_

Sewer System: ☐ Private ☐ Public If Public, Indicate Provider \_\_\_\_\_

Water System: ☐ Private ☐ Public If Pubic, Indicate Provider \_\_\_\_\_

**ROAD INFORMATION**

Name of all Roads Abutting Property	Dirt	Paved	County	State	Private
Will a New Road(s) be Created: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes will they be: <input type="checkbox"/> Public <input type="checkbox"/> Private					
Estimate the Number of Vehicles that will be Visiting this Location: _____					
Distance to Nearest Intersection: _____ Intersection/Road Name: _____					

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**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.

**OFFICIAL USE ONLY**

FEE PAID: Y ☐ N ☐ INITIAL: \_\_\_\_\_ RECEIPT# \_\_\_\_\_ DATE: \_\_\_\_\_

Application # \_\_\_\_\_

**TELEPHONE 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
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# 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](http://www.jacksoncountyfl.net/community-development)



Community Development Department

4979 Healthy Way, Suite B, Marianna, FL 32446

Phone: (850) 482-9637 Fax: (850) 482-9846

## APPLICATION REQUEST (Check one item below.)

<input type="checkbox"/> Comprehensive Plan Amendment	<input type="checkbox"/> Residential Development Order
<input type="checkbox"/> General Development Order	<input type="checkbox"/> Sign Permit
<input type="checkbox"/> Home Based Occupation	<input type="checkbox"/> Road Abandonment
<input type="checkbox"/> Junk Yard Permit	<input type="checkbox"/> Sign Permit
<input type="checkbox"/> Mobile Home Park	<input type="checkbox"/> Subdivision Platting
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Temporary Use Permit
	<input type="checkbox"/> Wireless Facility

## PROPERTY LEGAL DESCRIPTION (If applicable)

Parcel Number:			
Location Address:			
City:	Subdivision:		

## AUTHORIZATION

**NOTE:** If the property is owned by a corporation or multiple owners then documentation certifying the signing individual's authority is required. Multiple signatures may be required if deemed necessary upon application. Additional signature form(s) provided upon request.

☐ See attached page(s) for more signatures. Number of pages excluding authorization form:

I/we \_\_\_\_\_  
(Owner's name as written on deed)

owner(s) of the above described property do hereby authorize to act as my/our agent

for the purpose of making application for

\_\_\_\_\_

(Print agent's name)

the proposed request and to act as our agent in matters pertaining to the application.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Printed Name

State of \_\_\_\_\_  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence  
or \_\_\_\_\_ online nortarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public, State of Florida

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Revision 02/13/20

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Phone: (850) 482-9637 Fax: (850) 482-9846

ATTACHED SIGNATURE PAGE #

Owner's name as written on deed: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_

## PROPERTY LOCATION

Location Address: \_\_\_\_\_

City: \_\_\_\_\_

## AUTHORIZATION SIGNATURES (Continued)

Owner Signature

Printed name

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 me by means of \_\_\_\_\_ physical presence  
or \_\_\_\_\_ online nortarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_.

(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

- ◆ Approval of Project
- ◆ Table/Postpone
- ◆ Denial of Project

BOARD OF COUNTY COMMISSIONERS'  
HEARING

- ◆ Approval of Project →
- ◆ Denial of Project

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

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.

- ◆ 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.



## 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 structures

**NAME OF THE ROAD BUSINESS WILL BE ON** \_\_\_\_\_

What are the nearest intersecting roads to this property? \_\_\_\_\_

What address can be located on either side of this property or across the street from this property?

(side- \_\_\_\_\_ ) (side- \_\_\_\_\_ ) (across- \_\_\_\_\_ )

Is there a lot number? \_\_\_\_\_

Will there be multiple buildings, floors, units, or rooms that require addressing? \_\_\_\_\_

Sub-address designation preference? (Suite, Apt, Unit, Etc.) \_\_\_\_\_

Contact phone numbers: \_\_\_\_\_

Office

Cell

Corporate Office

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
(PRINT CLEARLY)



Nearest Municipality: \_\_\_\_\_

Did the owner submit a layout of the business? Yes\_\_\_\_ No\_\_\_\_

If not, will the owner be able to provide one? Yes\_\_\_\_ No\_\_\_\_

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?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Applicants Signature Date and Printed Name

**(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