#### COMMUNITY DEVELOPMENT RESIDENTIAL DEVELOPMENT ORDER APPLICATION

## Jackson County Board of County Commissioners Visit our web site:



## Community Development Department 4979 Healthy Way, Suite B. Marianna, FL 32

visit our web site		vvay, Suite в, i	•	
<u>www.jacksoncountyfl.net/commun</u>	<u>ity-development</u> Phone: (850	)) 482-9637  Fa	ax: (850) 48	32-9846
Property Owner(s)				
as written on deed:				
Address 1	Contact Ph. 1			
Address 2	Contact Ph. 2			
City	Fax No.			
·				
State	Zip e-mail			
Authorized Agent as				
per authorization form:				
Address 1	Contact Ph. 1			
Address 2	Contact Ph. 2			
City	Fax No.			
· · · · · · · · · · · · · · · · · · ·				
State	Zip e-mail			
The Development Or	rder expires six (6) months from t	the date of	issuanc	e.
One emplication required no	n standarna. The emplicant shell anovide	the fellowin	a informa	tion.
One application required pe	er structure. The applicant shall provide	tne ioilowin	g iniorma	uon:
Payments are accepted via	cash, check or money order. Make payable	to Jackson Co	unty BOCC	<b>.</b>
<u> </u>	uired at the time application is submitted (Den			
	aned at the time application is submitted (Den	nui oj applicati	ion aces no	ľ
warrant a refund.)				
☐ Copy of the owner's most curre	nt recorded deed			
Notarized Agent Authorization F	Form(s) if the applicant is not the owner			
		,		
A site plan including the information	ation on the attached form or a drawing conta	ining the requ	ested infor	mation
☐ E-911 Address Application Form	if an address is needed for a home site. (App	lications are a	ccepted; h	owever,
• •	isiness Office at 850-482-9624 for more inform			<i>'</i>
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Check preferred method to receive			nail p	ick-up
PROPERT	Y LOCATION OF PROPOSED DEVEL	<b>OPMENT:</b>		
Parcel Number:				
House Number:	Street Name:			
City:	Amount of Ac	reage:		
Name of Subdivision (if appl	icable):			
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	Block Number:	I at Nicoshauc		
Unit Number:		Lot Number:		
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Select appropri  Select appropri  Accessory Structure Addition Duplex Manufactured Home Modular Home Replacement Dwelling Site Built Swimming Pool Other:  Total Sq. Footage  NOTE: The Department has ten application. Submittal of Approval of this development order reviewed for compliance with the nacomprehensive Plan and Code of O Federal Emergency Management A are used to determine potential flo Recreational vehicles will not be iss This Development Order does not compliant or the comprehension of the compliance with the nacomprehensive Plan and Code of O Federal Emergency Management A are used to determine potential flo	FOR PROPOSED DEVELOPMENT (DED: Number of proposed dwellings Number of Private Well Private Well Public Sewer System Public Water System Requires approval from local municipalities or the Environmental Health Department Driveways:    Existing New County Connection *New FDOT Connection *New FDOT Connection *Requires approval from FDOT or the County Road and Bridge Department (10) business days to review the completed application does not guarantee approval.  It verifies that the described proposal has been ininimum requirements of the Jackson County rdinances at the time of issuance.  Igency (FEMA) Flood Insurance Rate Maps (FIRM) od hazard areas and base flood elevations.  In the proposed dwellings Number of the Jackson County rdinances at the time of issuance.  Igency (FEMA) Flood Insurance Rate Maps (FIRM) od hazard areas and base flood elevations.  In the proposed dwellings Number of the Jackson County rdinances at the time of issuance.  In the proposed dwellings Number of the Jackson County rdinances at the time of issuance of the Jackson County rdinances at the time of issuance of the Jackson County rdinances at the time of issuance of the Jackson County rdinances at the time of issuance of the Jackson County rdinances at the time of issuance of the Jackson County rdinances at the time of issuance of the Jackson County rdinances at the time of issuance of the Jackson County rdinances at the time of issuance of the Jackson County rdinances at the time of issuance of the Jackson County rdinances at the time of issuance of the Jackson County rdinances at the time of issuance of the Jackson County rdinances at the time of issuance of the Jackson County rdinances at the time of issuance of the Jackson County rdinances at the time of issuance of the Jackson County rdinances of	Den N/A Lakes Ponds A buffer all w DEPART FEES RECEIPT # DATE INITIALS N.F.I.P. No. 120 FLOODWAY FLOOD ZONE FLUM AP APPROVED DATE INITIALS APPROVE INITIALS APPROVE	g dwellings  ote if any: Strea Wetl is required rater bodie EXEMPT:  PROVAL Yes  ed with sp	nms ands from s  USE:  PAID:  No  No

## COMMUNITY DEVELOPMENT SITE PLAN DRAWING FORM

	~				
Jackson County Board of County Co			nity Developmen	t Departmen	t
Applicant Name:		Property Location:			
NOTE: Each prop	osed structure i	requires a se	parate applic	ation.	
	Maple S	Street			
Sample Site Plan	Approx 50'		Driveway		
Approx 140'	Proposed 30' x 70' H	louse			Approx 160
Well - O				Existing	
				Pole Barn	

#### Use the space below to provide a site plan. Your drawing must include the following:

Approx 70'

Show which way is North on the property

Stream **L** 

<u>North</u>

- Distance to proposed structrue from property lines
- Nearest Public Road(s) including driveway connections or easements
- All proposed and existing structures on the property
- Proposed and existing septic tank and well locations
- Locations of lakes, ponds, rivers, streams and/or wetlands
- Any other helpful information

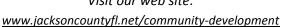
Septic

#### **AGENT AUTHORIZATION FORM**

For Projects Located in Jackson County, Florida

#### **Jackson County Board of County Commissioners**

Visit our web site:





#### **Community Development Department**

4979 Healthy Way, Suite B, Marianna, FL 32446 Phone: (850) 482-9637 Fax: (850) 482-9846

Regidential Development Order
Residential Development Order Sign Permit
Road Abandonment
Sign Permit
Subdivision Platting
Temporary Use Permit
Wireless Facility
GAL DESCRIPTION (If applicable)
Culturiaione
Subdivision: AUTHORIZATION
n or multiple owners then documentation certifying the signing individual's e required if deemed necessary upon application. Additional signature es. Number of pages excluding authorization form:
ner's name as written on deed)
d property do hereby authorize to act as my/our agent
for the common of making and institution for
for the purpose of making application for
as our agent in matters pertaining to the application.
Printed Name
Timea wane
Printed Name
wledged before me by means of physical presence
his, 20,
·
·
Notary Public, State of Florida
Notary Public, State of Florida  I Identification

#### **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

MI Incited Si	GNATURE PAGE #
Owner's name as written on deed:	
Authorized Agent:	
	TY LOCATION
Location Address:	
City:	
AUTHORIZATION SI	GNATURES (Continued)
Owner Signature	Printed name
Owner Signature	Printed name
Owner Signature	Printed name
State of	
State of County of	
	pefore me by means of physical presence, 20,
	· · · · · · · · · · · · · · · · · · ·
(Notary Seal)	Notary Public, State of Florida
rsonally Known or Produced Identifica	ation
pe of Identification Produced	

# Jackson County Road and Bridge Department Right-of-Way Connection Application

Date:	Supervisor:		Office Phone:	850-482-9629
		Landowr	ner Information	
Last	First		Primary Phone	Secondary Phone
Primary Co	ontact		Primary Phone	Secondary Phone
Site Location	on	S T R	Site Description	
Mailing Ad	ldress		E-mail	
Notes:				
		PLEASE REAL	D BEFORE SIGNING	
	work is to be performed before trict will determine the size and	=		r. The supervisor for your
res	he district supervisor determines ponsible for the purchase of the completion of the connection in	pipe, installatio	n of the pipe and any other co	
lice	e right-of-way connection shall be ensed contractor and will be subjorm of completion for a final ins	ect to a by a Co		
Tra • Thi	nimum requirements must be mainsportation Director.  s permit will expire one year after the deeded, only the Board of County	er the filing date	e if the connection has not bee	•
Landov	wner Signature			Date
Landov		ce use only D	Oo not write below this line	
Wetlands		ec asc only. L	□ Permit Denied.	
GPS Coor			Does not meet	requirements set forth under ne Jackson County
□ Permi	t Approved.		Transportation	and Circulation Element.
	inches x	feet	Explanation:	
*Mit	ered ends required (yes / no estalled according to FDOT spe			
	pe required at this time.	-	Connection Complete	ed:
Inspecting	Supervisor Signature Date		District Supervisor Signa	ature Date



Phone: (850)482-9624

### Jackson County Florida E9-1-1 Address Application Form



(Please fill out completely)

Property Owner(s) Name:		
Name of Authorized Agent:		
Parcel identification number:		
This address will be assigned to: Re	sidence Accessory	StructureVacant Land
NAME OF THE <u>ROAD</u> ADDRESS WILL BE O	)N	
What address can be located on either : (side- ) (side-		
lot number Zip Code	Subdivisi	ion
Are you a new resident to Jackson County	? YES NO	_
Contact phone numbers:	Cell	Business
Current mailing address:	En	nail:
Applicants Signature	_ () 	Printed Name

(Important) When Staff arrives on site to assign your 9-1-1 address number, please have your driveway and centerline of home site marked with a white flag, plastic bag, pole, or 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 residence is inside city limits, you must contact City Hall to apply for a new address.

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