

**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>

ATTACHMENTS REQUIRED (3 COPIES/1 CAN BE DIGITAL) <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



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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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 _____

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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 E9-1-1 BUSINESS OFFICE

2863 Green Street, Suite A
Marianna, Florida 32448
jce911@jacksoncountyfl.com

850-718-0009
850-482-9146 Fax
Website- www.jacksoncountyfl.net

E911 Business Address Application Form

(Please complete entire form)

Name of Business: _____

Property Owner(s) Name: _____

Name of Authorized Agent: _____

Parcel identification number: _____

This address will be assigned to: ____ Structure or ____ Undeveloped Property

NAME OF THE ROAD BUSINESS WILL BE ON _____

What is the nearest address or intersecting road nearest 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? _____

Contact phone numbers: _____
Office Cell Corporate Office

Fax Number Email Address (PRINT CLEARLY)

OVER

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 will be required. What information, was or will be provided to verify that this will be an established business? _____

Applicants Signature (_____) Date and _____ Printed Name

(Important) When the Address Technician arrives on site to assign your 911 address number, please have clearly marked driveway and/or centerline of Business site 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 the Technician or Staff.

A CORRECT AND POSTED ADDRESS IS FOR YOUR SAFETY! PLEASE POST ADDRESS ON PROPERTY AND AT DRIVEWAY, MAKE SURE TO USE REFLECTIVE NUMBRs 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: February 29, 2016