

COMMUNITY DEVELOPMENT  
RESIDENTIAL DEVELOPMENT ORDER APPLICATION

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

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 Order expires six (6) months from the date of issuance.

One application required per structure. The applicant shall provide the following information:

Payments are accepted via cash, check or money order. Make payable to Jackson County BOCC.

☐ **\$50.00** Non-refundable fee required at the time application is submitted (*Denial of application does not warrant a refund.*)

☐ Copy of the owner's most current recorded deed

☐ Notarized Agent Authorization Form(s) if the applicant is not the owner

☐ A site plan including the information on the attached form or a drawing containing the requested information

☐ E-911 Address Application Form if an address is needed for a home site. (*Applications are accepted; however, you must contact the E-911 Business Office at 850-482-9624 for more information.*)

Check preferred method to receive a copy of approved order: ☐ e-mail ☐ fax ☐ mail ☐ pick-up

PROPERTY LOCATION OF PROPOSED DEVELOPMENT:

Parcel Number:			
House Number:		Street Name:	
City:		Amount of Acreage:	
Name of Subdivision (if applicable):			
Unit Number:	Block Number:	Lot Number:	

INFORMATION FOR PROPOSED DEVELOPMENT (Do not leave blank):

FOR ENTIRE PARCEL REFERENCE BY DEED: Number of proposed dwellings_____ Number of existing dwellings_____		
Select appropriate information below:		Denote if any:
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Private Septic Tank	<input type="checkbox"/> N/A <input type="checkbox"/> Rivers
<input type="checkbox"/> Addition	<input type="checkbox"/> Private Well	<input type="checkbox"/> Lakes <input type="checkbox"/> Streams
<input type="checkbox"/> Duplex	<input type="checkbox"/> Public Sewer System	<input type="checkbox"/> Ponds <input type="checkbox"/> Wetlands
<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Public Water System	<b>A buffer is required from all water bodies</b>
<input type="checkbox"/> Modular Home	<b>Requires approval from local municipalities or the Environmental Health Department</b>	<b>DEPARTMENTAL USE:</b>
<input type="checkbox"/> Replacement Dwelling	<b>Driveways:</b>	<b>FEES</b>
<input type="checkbox"/> Site Built	<input type="checkbox"/> Existing	<b>EXEMPT:</b>
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> * New County Connection	<b>PAID:</b>
<input type="checkbox"/> Other: _____	<input type="checkbox"/> * New FDOT Connection	<b>RECEIPT #</b>
<b>Total Sq. Footage</b> _____	<b>*Requires approval from FDOT or the County Road and Bridge Department</b>	<b>DATE</b>
		<b>INITIALS</b>
		N.F.I.P. No. 12063C0 -

NOTE: The Department has ten (10) business days to review the completed application. Submittal of application does not guarantee approval.

- Approval of this development order verifies that the described proposal has been reviewed for compliance with the minimum requirements of the Jackson County Comprehensive Plan and Code of Ordinances at the time of issuance.
- Federal Emergency Management Agency (FEMA) Flood Insurance Rate Maps (FIRM) are used to determine potential flood hazard areas and base flood elevations.
- Recreational vehicles will not be issued a Development Order.
- This Development Order does not constitute or guarantee approval of building, driveway connection, septic or well permits.

FLOODWAY	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FLOOD ZONE		
FLUM		
APPROVAL		
	Yes	No
APPROVED		
DATE		
INITIALS		
Approved with special conditions listed below:		

Applicant Signature: _____	Date: _____	Ref ID#
		Revision 02/14/2020

COMMUNITY DEVELOPMENT  
SITE PLAN DRAWING FORM

Jackson County Board of County Commissioners

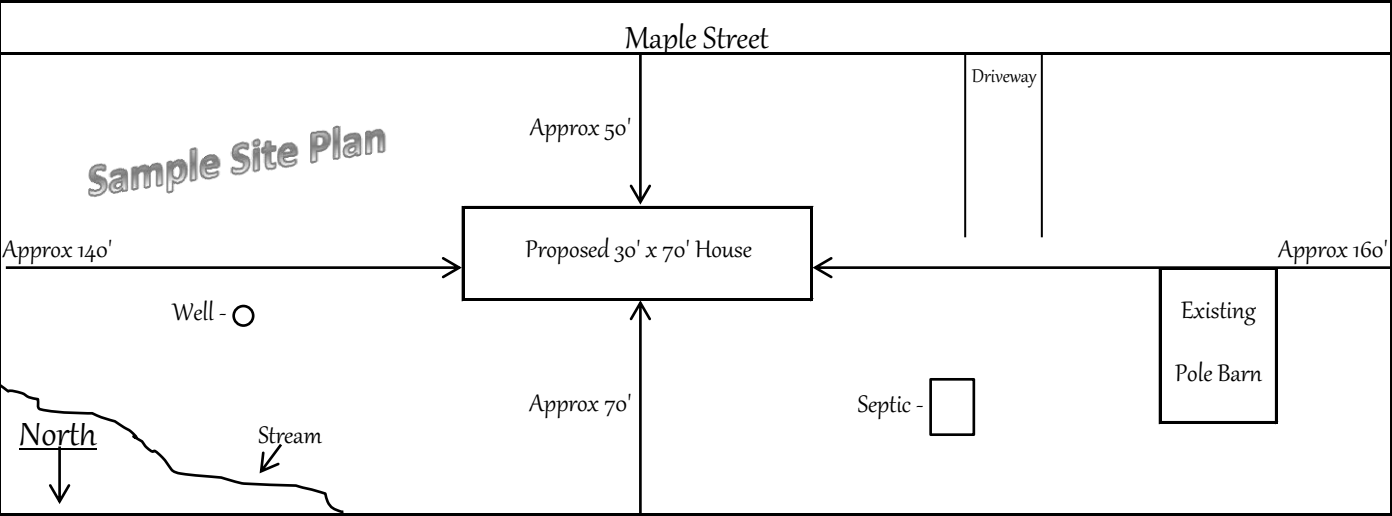


Community Development Department

Applicant Name: \_\_\_\_\_

Property Location: \_\_\_\_\_

NOTE: Each proposed structure requires a separate application.



- Use the space below to provide a site plan. Your drawing must include the following:
- Show which way is North on the property
  - Distance to proposed structure 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

# AGENT AUTHORIZATION FORM

For Projects Located in Jackson County, Florida

Jackson County Board of County Commissioners

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## 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 \_\_\_\_\_

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

Revision 02/13/20

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

Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Office Phone: \_\_\_\_\_ 850-482-9629

**Landowner Information**

<b>Last</b>	<b>First</b>	<b>Primary Phone</b>	<b>Secondary Phone</b>
<b>Primary Contact</b>		<b>Primary Phone</b>	<b>Secondary Phone</b>
<b>Site Location</b> _____ S T R		<b>Site Description</b> _____	
<b>Mailing Address</b> _____		<b>E-mail</b> _____	

**Notes:** \_\_\_\_\_

**PLEASE READ BEFORE SIGNING**

- No work is to be performed before the initial inspection by the district supervisor. The supervisor for your district will determine the size and type of pipe needed, if one is needed.
- If the district supervisor determines that the property owner needs a pipe, the property owner will be responsible for the purchase of the pipe, installation of the pipe and any other construction materials need for the completion of the connection including all related costs.
- The right-of-way connection shall be constructed according to County regulations by the property owner or a licensed contractor and will be subject to a by a County representative. **Applicant will call Road and Bridge to inform of completion for a final inspection.**
- Minimum requirements must be met. Any variations must be pre-approved by the superintendent or the Public Transportation Director.
- This permit will expire one year after the filing date if the connection has not been constructed. If an extension is needed, only the Board of County Commissioners can authorize this.

\_\_\_\_\_  
**Landowner Signature**

\_\_\_\_\_  
**Date**

**For office use only. Do not write below this line.**

**Wetlands:**    ☐ Yes    ☐ No

☐ **Permit Denied.**

**GPS Coordinates:**

Does not meet requirements set forth under  
Policy 5.9 of the Jackson County  
Transportation and Circulation Element.

☐ **Permit Approved.**

**Size:** \_\_\_\_\_ inches    x    \_\_\_\_\_ feet

**Explanation:** \_\_\_\_\_

**Type:** \_\_\_\_\_

**\*Mitered ends required (yes / no):** \_\_\_\_\_

*\*Installed according to FDOT specifications.*

☐ **No pipe required at this time.**

**Connection Completed:**

\_\_\_\_\_  
Inspecting Supervisor Signature    Date

\_\_\_\_\_  
District Supervisor Signature    Date



## 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: \_\_\_\_ Residence \_\_\_\_ Accessory Structure \_\_\_\_ Vacant Land

NAME OF THE ROAD ADDRESS WILL BE ON \_\_\_\_\_

What address can be located on either side of this property or across the street from this property?  
(side- \_\_\_\_\_) (side- \_\_\_\_\_) (across- \_\_\_\_\_)

lot number \_\_\_\_\_ Zip Code \_\_\_\_\_ Subdivision \_\_\_\_\_

Are you a new resident to Jackson County? YES \_\_\_\_ NO \_\_\_\_

Contact phone numbers: \_\_\_\_\_  
Home Cell Business

Current mailing address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature Date 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