

**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:
<https://jacksoncountyfl.gov/services/community-development/>

ATTACHMENTS REQUIRED (2 HARD COPIES/1 DIGITAL) <i>The following attachments are required with application submittal</i>	Check List
Proof of Ownership (Deed)/Lease	
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)	

**JACKSON COUNTY
GENERAL DEVELOPMENT ORDER APPLICATION**

DESCRIPTION OF BUSINESS

Parcel Tax ID#: _____

Project Address: _____ City: _____

Briefly describe what type of business and activities that will be conducted at this location post-development:

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 Tenant Space# _____

Will project cost be more than 10 million dollars? NO YES Cost of construction: _____

Will Project Be Built in Phases? NO YES If yes, How Many Phases? _____

Projected Build Out Date: _____ (Attach Projected Development Schedule)

Utility Providers: Electricity _____ Natural Gas _____

Sewer System: Private Public If Public, Indicate Provider _____

Water System: Private Public If Pubic, Indicate Provider _____

APPLICATION WILL NOT BE ACCEPTED IF THIS SECTION IS LEFT BLANK

Total Acres Involved in Project: _____ Building Height: _____

Existing Square Feet of Impervious Surface (*buildings, paved parking, sidewalks, etc.*): _____

Proposed square footage of Additional Impervious Surface, excluding buildings:
(*Include proposed square footage of paved parking, sidewalks, impervious vehicular use area*) _____

Total impervious surface Post Development (*Buildings/Sidewalks/Vehicular Use Area*): _____

Total Number of Parking Spaces Post-Development:
(*Must have one (1) ADA Accessible Parking Space per every 25 regular parking spaces*) _____

ROAD INFORMATION

Name of all Roads Abutting Property	Dirt	Paved	County	State	Private

Will a New Road(s) be Created: Yes No If yes will they be: Public Private

Estimate the Number of Vehicles that will be Visiting this Location daily: _____

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

SWORN ENGINEERING AFFIDAVIT

Project Name:	
Property Owner:	
Project Engineer:	
Total Project Cost:	

I, _____ an Engineer, duly licensed and registered with the State of Florida, hereby certify that I have designed the plans and specifications submitted for the site plans of the above-mentioned project. The above application and site plans conform to the requirements of the Jackson County Comprehensive Plan, Jackson County Code of Ordinances, Florida Statutes, Florida Administrative Codes and all other relevant laws, policies, codes, or ordinances. All site plans, including stormwater design plans/calculations and/or traffic analysis shall be in conformance with the above codes and Ordinances and be performed and verified by the engineer of record who shall submit signed and sealed plans to Community Development Planning Division.

Signature of Engineer

ENGINEER'S SEAL

**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.

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



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)

