ATTENTION!

ALL RESIDENTIAL DEVELOPMENT ORDER APPROVALS EXPIRE

SIX (6) MONTHS

AFTER THE APPROVAL DATE.

A BUILDING PERMIT FOR THE HOME MUST BE ISSUED WITHIN SIX (6) MONTHS OF THE APPROVAL DATE OF THE RESIDENTIAL DEVELOPMENT ORDER FOR THE PERMITTING TIMEFRAMES TO BEGIN.

Jackson County Community Development Services
Development Application

Community Development Department
4979 Healthy Way Suite B
Marianna, FL 32446

Phone: (850) 482-9637
www.jacksoncountyfl.gov

Owner Information	**General Information**
Owner Name:	Type of Construction: ☐Residential ☐Commercial ☐Industrial
Owner Address:	Square Footage: _____ Acres:_____
City, State, Zip:	**Class of Work**
Phone Number:	☐New Construction ☐Expansion ☐Existing Building
Email:	☐Existing Shopping Center ☐Other: _____
Site Location / Property Information	**Road Information**
Project Address:	☐Dirt ☐Paved ☐County ☐State ☐Private
City, State, Zip:	Will a new road be created? ☐Yes ☐No
Parcel ID:	**Activity Type (select one or more)**
Type of Water Supply: ☐Private well ☐Public (provider: _____)	☐**Amendment to the Comprehensive Plan** More than 50 acres ☐Yes ☐No Proposed Future Land Use Designation: ☐Agricultural 1 ☐Agricultural 2 ☐Industrial 1 ☐Industrial 2 ☐Commercial ☐Public ☐Conservation ☐Recreational ☐Greenway ☐Residential ☐MUUT ☐Rural Mobile Home Park
Sewerage Disposal: ☐Individual Septic ☐Public Sewerage (Provider: _____)	
Fill out this section if applicable:	
Name of Subdivision:	
Lot: _____ Block: _____	☐**Debris Disposal Site**
Authorized Agent Information:	☐**Home Occupation**
Name:	☐**Junkyard**
Address:	☐**Mobile Home Park** Proposed number of mobile home lots: _____
City, State, Zip:	
Phone:	☐**Non-Residential Development**
Email:	☐**Petition for Road Abandonment**
Corporate/Business Information:	☐**Residential Development**
Business Name:	☐**Sign** ☐Building Sign ☐Freestanding ☐Shopping Center Sign ☐On Premise ☐Off Premise Illumination: ☐Yes ☐No Sign Square Footage: _____
Address:	
City, State, Zip:	
Business Contact Rep:	
Phone:	
Email:	☐**Subdivision Plat**
OFFICIAL USE ONLY	☐**Temporary Use** Date Range __/___/____ to ___/____/___ ☐Film and Motion Photography ☐Music or Entertainment ☐Other: _____
Fees: ☐Exempt ☐Paid	
Receipt #: _____	
Date: ____/____/_____	
Received By: _____	☐**Wireless Telecommunications Facility**
Flood Zone: ☐X ☐A ☐AE	Comments:
NFIP No. 12063CO_____	
Floodway: ☐Y ☐N	
FLU: _____	
Approval: ☐Y ☐N	
Date: ____/____/_____	
Approved by: _____	

Printed Name: _____

Signature: _____ Date: ___ /___/_____ Order #:_____

Electric Provider:_____

Jackson County Community Development

RESIDENTIAL DEVELOPMENT REQUEST

4979 Healthy Way, Suite B
Marianna, FL 32446

850-482-9637
www.jacksoncountyfl.gov

Allow 10 BUSINESS days (*does not include weekends or holidays)* for review of COMPLETED application. Submittal of application does not guarantee approval.

One application required per structure.

REQUIRED INFORMATION

- ☐ **$50.00** Non-refundable fee **PER APPLICATION** required prior to review of application (***denial of application does not warrant a refund*).**
- ☐Copy of the most current **RECORDED** deed.
- ☐Site Plan (on attached form or separate paper)
- ☐**NOTARIZED** Agent Authorization form(s) if the applicant is not the owner
- ☐E-911 Address Application form if address is needed for a home site*
- ☐ROW Driveway Permit Application form*
  - ☐New County Driveway Connection
  - ☐New FDOT Driveway Connection – requires application to FDOT
  - ☐Existing Driveway Connection

**we will forward to the appropriate department for processing*

DEVELOPMENT APPROVAL EXIPIRES SIX (6) MONTHS FROM DATE OF APPROVAL.

Public Water and Sewer system connections require approval from local municipalities.

Private Well permits are issued by Northwest Florida Water Management District.

Private Septic System permits are approved by Florida Department of Environmental Protection.

ADDITIONAL INFORMATION

For ENTIRE parcel referenced by deed:

Number of PROPOSED dwellings_____ Number of EXISTING dwellings_____

TYPE of development for this application:

- ☐Agricultural Accessory Structure (***on property holding an agricultural exemption)***
- ☐Accessory Structure *(storage container, storage shed, barn, pole barn, etc.)*
- ☐Addition
- ☐Duplex
- ☐Manufactured/Mobile Home
- ☐Modular Home
- ☐Replacement Dwelling *(must provide proof of dwelling being replaced)*
- ☐Site Built Home
- ☐Swimming Pool
- ☐Temporary RV (***up to 18 months while placing home on parcel***)
- ☐Other (**write in type**) _____

Indicate any natural features on the property:

- ☐Lake
- ☐Pond
- ☐River
- ☐Stream
- ☐Wetlands
- ☐None

A buffer of 50 or 75 feet is required from all water bodies or wetland areas (see Sec. 42-69(8)(c) Code of Ordinances for specific requirements).

NOTICE:

- Approval of this development request verified 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.
- Accessory Structures on property without a Primary Structure (home) **will NOT** receive development approval.
- Recreational Vehicles proposed for use longer than 18 months in conjunction with new residential development will not receive development approval.
- This development approval does not constitute or guarantee approval of building, driveway connection, septic, or well permits.

EXTENSIONS WILL ONLY BE CONSIDERED UPON REQUEST

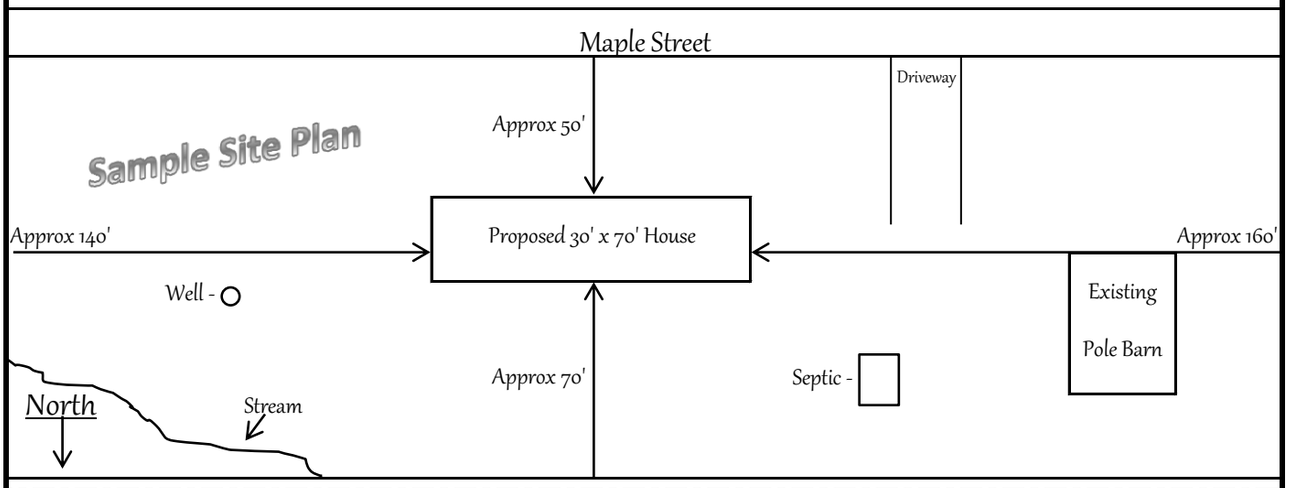
To apply online visit:
https://jacksoncountyfl.gov.portal.iworq.net/portalhome/jacksoncountyfl

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 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

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
4487 Lafayette Street, Marianna, FL 32446
Phone: (850) 482-9637 Fax: (850) 482-9846

APPLICATION REQUEST (Check one item below.)

☐	Comprehensive Plan Amendment	☐	Residential Development Order
☐	General Development Order	☐	Sign Permit
☐	Home Based Occupation	☐	Road Abandonment
☐	Junk Yard Permit	☐	Sign Permit
☐	Mobile Home Park	☐	Subdivision Platting
☐	Other: _____	☐	Temporary Use Permit
	_____	☐	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 this _____ day of _____, 20_____
by _____, who is personally know to me or has provided
_____ as identification and did not take an oath.

(Notary Seal)

_____
Notary Public, State of Florida

Jackson County Road and Bridge Department

2846 Panhandle Road, Marianna, FL 32446 850-482-9629

Right-of-Way Connection Application

Office Use Only	
Received:	
Permit #:	
Assigned To:	

Property Owner Information - PRINT

Last Name, First Name	Primary Phone	Secondary Phone
Primary Contact (if different)	Primary Phone	Secondary Phone

Mailing Address E-mail

Site Location Location Description Parcel ID

Development Type: ☐ Commercial ☐ Residential: Property Owner's Primary Residence ☐ Yes ☐ No

Notes:

READ AND INITIAL BEFORE SIGNING

_____ Assessments and inspections will typically be performed by designated staff within two weeks of notification. **No work shall be performed prior to the initial assessment.**

_____ Staff will determine if a culvert, mitered end sections, and / or bands are needed. If so, the property owner will be responsible for the purchase and delivery of those items.

_____ Residential applicants may request the County to perform the installation, at no cost, for one connection to a newly established homesite for a single residence which will serve as the property owner's primary residence.

_____ Construction or alteration of all other connections will be the responsibility of the applicant in accordance with County ordinances.

_____ Right-of-way connections shall be constructed according to the County Board's specifications by the property owner or a licensed contractor and will be subject to inspection by a County representative.

_____ The property owner, or designee, will inform Road and Bridge of completion, and a final inspection will be scheduled.

_____ 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.

Signature Date

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

Wetlands: ☐ Yes ☐ No **GPS Coordinates:**

☐ **No pipe required at this time** **Initial Assessment:**

Signature Date

☐ **Permit Approved**

Size: _____ inches x _____ feet **Type:** _____ **Final Inpsection:**

***Mitered ends required:** ☐ Yes ☐ No

**Installed according to FDOT specifications.*

Signature Date

☐ **Permit Denied** **Explanation:**

Donald L. Edenfield
Sheriff

4111 Gov Rick Scott Drive
Marianna, FL 32448

JACKSON COUNTY SHERIFF'S OFFICE

9-1-1 Address Application Form

(Please fill out completely)

Property Owner(s) Name: _____

Name of Authorized Agent: _____

Parcel identification number: _____

This address will be assigned to: ____ Site Built ____ Manufactured Home ____Other (Please specify)

NAME OF THE ROAD ADDRESSED FROM _____

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

Please provide a copy of the property deed along with the completed application at time of submission.

(Important) It may be necessary for staff to do a site visit to verify the location of the home or driveway, please mark the home site with a white flag, plastic bag, pole, or stick etc. Please do not use pink, yellow, or orange survey marker flags. Please make sure all pets are secured.

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 a city limits, you must contact their City Hall to apply for a new address.

***This Department does not validate property ownership, only assign addresses upon request.** **Form revision date: October 2, 2023**