



CITY OF GREENACRES

APPLICATION FOR PLAT APPROVAL

INSTRUCTIONS TO APPLICANT:

- a. Answer all questions.
- b. A filing fee in the amount required by Code and City Council Resolution (see Plat Review Fee Worksheet)
- c. Provide seven (7) initial copies of all required attachments (plat, construction plans, calculations, construction cost estimate, permits from all agencies having jurisdiction, and contract and surety.
- d. An Optional Pre-submission Conference is available at no charge. Call 561-642-2054 to schedule. Submit seven (7) copies of the sketch plat and survey meeting requirements of Section 12-43 at least twenty (20) days prior to conference.

1. **SUBDIVISION NAME:** _____

2. * **AGENT'S NAME:** _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ FAX: () _____

EMAIL: _____

3. **OWNER'S NAME:** _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ FAX: () _____

EMAIL: _____

* *This is the address to which all agendas, letters and other materials will be forwarded.*

4. **LOCATION OF SUBDIVISION:** *(General Proximity)*

5. **ZONING DISTRICT:** _____

6. **PROPERTY SIZE:** (*Square feet/Acres*) _____

7. **OWNER'S AUTHORIZATION:** Each petition must bear the signatures of all owners of property in the petitioned area. A letter of authorization allowing a person other than the owner to sign such a petition must be attached.

Signature of Owner(s) of Record

Signature of Applicant/ Agent

Type Name of owner(s)

Type Name of Applicant

Street Address

Street Address

City, State & Zip Code

City, State & Zip Code

() _____
Telephone

() _____
Telephone

SWORN TO AND SUBSCRIBED BEFORE ME this ____ day of _____, 20__, by _____, who is personally known to me, or who has produced _____ as identification.

Notary Seal

Notary Public, State of Florida

Notary Name (Typed, Stamped or Printed)

Commission No.: _____

My Commission Expires: _____