

1-B East Jefferson Street, Post Office Box 1799, Quincy, FL 32353-1799 Phone: (850) 875-8663 Fax: (850) 875-7280

E-mail: planning@gadsdencountyfl.gov

Web site: www.gadsdencountyfl.gov

RESIDENTIAL DEVELOPMENT ORDER APPLICATION Application Fee \$100.00

SUBMITTAL OF AN APPLICATION DOES NOT GUARANTEE APPROVAL. DO NOT BUY A SITE BUILT HOUSE OR MANUFACTURED HOME BEFORE OBTAINING <u>APPROVAL</u> OF A RESIDENTIAL DEVELOPMENT ORDER. PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING.

PI	ROPERTY OWNER INFORMA	TION		
Property Owner as indicated on deed:			-	
Current mailing address:	City:	State:	Zip:	
Contact Phone:	E-Mail:		*	
AUTHORIZE) REPRESENTATIVE/APPLICAN	T INFORMATION		
Agent/Applicant Name:		I IN ONWATION		
Address:		State:		
Contact Phone:				
PROPERTY INFORMATION				
Parcel Identification #:		_Parcel Size:	acres or sq. ft.	
Site Built Home	Manufactured Home	Modular Home		
# of Proposed Housing Units# of Existing Housing Units Is this a Replacement Unit?				
Is site located in a Subdivision or Mobile Home Park? Yes No Do Not Know				
If Yes, the subdivision name:				
Access provided on: Public Road Private Road Private Easement				
Name of Access Road:				
Existing Driveway Connection	New Driveway Connectio	n – County	_FDOT (State Road)	
Private Well (>25' setback from	home if termite treated.)Ta	ılquin Water	_Municipal Water	
Private Septic Tank Public Sewer System, Service Provider:				
Are there environmentally sensitive areas on the site? Yes No If yes circle: river, stream,				
creek, pond, lake, gopher tortoises, ravines, seepage slopes or wetland, etc. Show location on site drawing.				

REQUIRED INFORMATION

		A copy of the RECORDED DEED with legal description (Source: County Clerk's Office, (850)875-8601)			
		A Site Plan (See attached checklist)			
		Copies of any required easements (access, ingress/egress, conservation, utility, etc.)			
		If applicable, documentation that the residence being replaced was located on the site within the past 2 years (Information including but not limited to aerials, electric bills, tax documents, move or demolition permit, etc.).			
		A notarized 'Authorization to Represent' if an agent is designated (See attached form).			
		A Driveway Permit Application (See attached form).			
		A Tree Removal & Clearing Permit Application, if applicable. (\$100.00 Tree Removal & Clearing Permit Application fee waived if submitted as part of Residential Development Order Application.)			
RE RE	RESIDEN STRICTIO GULATIOI SPONSIBI	NS OR COVENANTS, NEIGHBORHOOD BYLAWS, RULES OR			
	I AM THE OWNER				
·	I AM THE LEGAL REPRESENTATIVE OF THE OWNER (Attach Authorization to Represent) of the property described which is the subject matter of this application.				
	2	Under penalties of perjury, I declare that I have read said application and all sketches and data and matter attached to and made a part of said application are honest and true to the best of my knowledge and belief. I understand that by signing this document, I am giving the County or agent thereof the authority to duplicate, disseminate, and reproduce any and all items submitted as part of this request, whether copyrighted or not.			
		Signature of Applicant Date			
State of County of					
	The foregoing instrument was acknowledged before me this day of, bywho is personally known to me, or has produced as identification and who did (did not) take an oath.				
		Notary Seal			
	Notary Sig	nature			
	Notary Nar	me Printed			

Residential Development Order Letter of Authorization to Represent

This letter serves as notice that on the	nis day of	, 20, l
		the property owner hereby give
Property Owner(s) Name		
authorization to:		
authorization to: Representative (Name	& Company) – (If entity inc	lude name of entity and individuals)
voles and has a substant of all		
Ph	one Number	
To obtain all necessary permits to	obtain a RDO as my	representative for the property
described by: Tax Parcel Identifie	cation #	and/or
Property address:		
Property Owner Signature		te:
State of	County of	
The foregoing instrument was ackno	wledged before me th	is day of 20,
by	who is personally	known to me, or has produced
as identi		
	Nota	ıry Seal
Notary Signature	11010	.,
Notary Name Printed		



1-B East Jefferson Street, Post Office Box 1799, Quincy, FL 32353-1799 Phone: (850) 875-8663 Fax: (850) 875-7280 E-mail: planning@gadsdencountyfl.gov Web site: www.gadsdencountyfl.gov

DRIVEWAY CONNECTION PERMIT

PR	PROPERTY INFORMATION			
Pa	Parcel Tax I.D. #	Subdivision Name:		
Lo	Location Address:			
Nu	Number of Connections to Public Streets:	# of Driveways:		
OV	DWNERSHIP INFORMATION:			
Ov	Owner:	Phone:		
Ma	Mailing Address:			
Ov	Owner's Representative:			
		E-Mail:		
	Submittal Requirements:			
1.	. A complete application.			
2.	A site drawing showing the location of the proposed driveway with dimensions and detail to demonstrate compliance and separation per Sub. 5611 of the Land Development Code and Sub. 4.5 & 4.6 of the Stormwate Policies & Procedures Manual.			
3.	The proposed driveway location shall be marked by flags provided by the Planning Division within 24 hours of application submittal.			
Mir	Oriveway Standards: Minimum Driveway Aisle Width: 18' Minimum C Minimum Culvert Length: 24'	Culvert Diameter: 18" unless larger size is required.		
	DRIVEWAY CULVERTS ARE REQUIRED TO BE CONCRETE COLLARS OR HEADWALLS (Subse	CONSTRUCTED WITH MITERED ENDS INCLUDING POURED ction 6102.D.).		
Ga ma obl	Gadsden County harmless from any and all damagenay occur by reason of this construction, said facili	successors in interest, binds and obligates self to save and hold ges, claims or injuries caused in whole or in part by applicant that ity design, maintenance or continuing existence of connection and at the driveway connection in accordance with the approved permit.		
Sto	the applicant/authorized representative listed stormwater Policies & Procedures Manual and La onstruct said culvert in compliance with County & S	above, understand the requirements of the Gadsden County and Development Code for construction of a culvert and agree to State regulations.		
Sic	Signature:	Date:		
Oig	Signature: (Owner or Authorized Representative))		
		PERMIT DENIED:		
50				
Sig	ignature Authorized Staff:	Date:		
	itle:			

SITE PLAN CHECKLIST

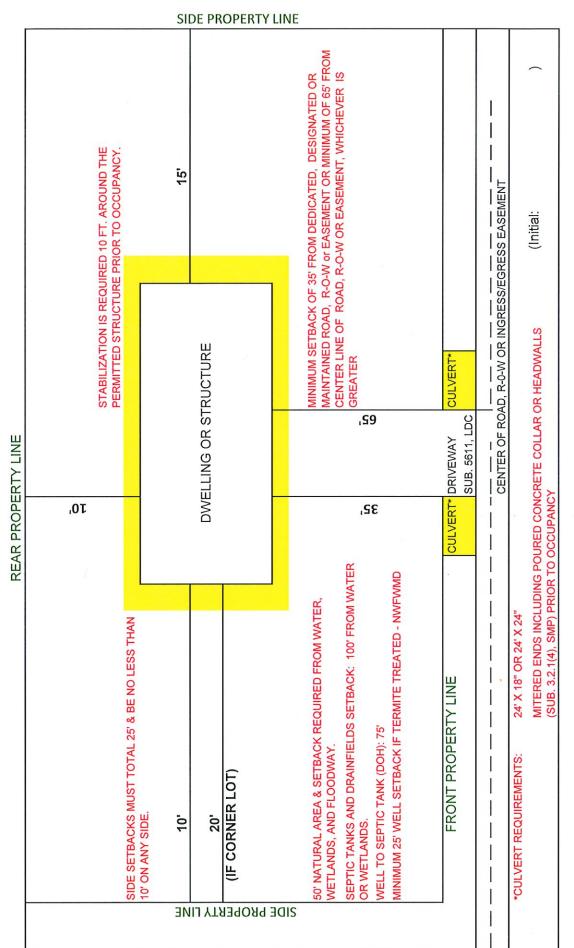
Please provide a site plan with the following items identified and check each item off as they are completed, <u>as applicable</u> (Sub. 5103.D of the Land Development Code). <u>If an item does not apply to you, please write NA.</u>

Signature	Date
BLEOW, INDIOATING THAT THAVE RE	LAD AND CHULKUTAND THIS DOCUMENT.
CORRECT TO THE BEST OF MY KNOW	MATION ON THIS APPLICATION IS TRUE AND WLEDGE. I AM PROVIDING MY SIGNATURE EAD AND UNDERSTAND THIS DOCUMENT.
The location of original residenc	• .
natural areas or required open s	pace, flood zones, corridor roads, etc.
Location of any special developn	nent restrictions (if any), such as easements,
Show the direction of storm water	er flow and any slopes on the site (arrows).
swamp, or marshes, steep slope	s, seepage slopes.
environmental resources such a	s a lake, pond, ravine, swale, ditch, culvert, creek
Location of any wetlands, natura	I or constructed water conveyance or
Location of any clearing, grading	or fill activity
and trees proposed to be remove	ed.
Location of Protected trees (20"	or greater in diameter at breast height)
treated.	
public water supply). Wells must	be at least 25' from structures that are termite
Show the location of drinking (po	table) water source (e.g. well or connection to
(tanks & drain fields).	
distances (setbacks) from prope	rty lines, right-of-way, wells, and septic systems
Show the location and dimension	ns of all existing and proposed structures and
utility and/or access easements,	as applicable.
Show the location & dimension of	of driveways within 100', streets, right-of-way,
Indicate if the lot is a corner or in	terior lot.
Label the parcel/lot front, rear an	d side setbacks and dimensions.
Show property boundary lines ar	nd label dimensions.
North arrow	



GADSDEN COUNTY SETBACK REQUIREMENTS

THE MAIN DWELLING OR STRUCTURE, SEPTIC TANK AND DRAINFIELD, OVERHANG, WELL AND ANY OTHER BUILDING OR STRUCTURE ON THE PROPERTY MUST MEET THESE MINIMUM SETBACKS. (THIS DIAGRAM IS FOR GUIDANCE ONLY, PLEASE CHECK THE GADSDEN COUNTY LAND DEVELOPMENT CODE (LDC) AND STORMWATER MANAGEMENT POLICY AND PROCEDURE MANUAL (SMP) FOR SPECIFIC STANDARDS)





1-B East Jefferson Street, Post Office Box 1799, Quincy, FL 32353-1799 Phone (850) 875-8663 Fax (850) 875-7280 E-mail: planning@gadsdencountyfl.gov Web site: www.gadsdencountyfl.gov

Web site: www.gadsdencountyfl.gov

DISPLAY ON SITE	PERMIT #:			
TREE REMOVAL & CLEARING PERMIT APPLICATION				
E-911 Address:	<u> </u>			
Parcel ID #:				
Applicant: If the applicant is not the property owner.	er an 'Authorization to Represent' is required.			
Address:				
City:	State Zip Code			
Telephone number:	Cell #:			
E-mail address:				
Submittal Requirements*:				
1. Application and \$100 fee (Checks are Commissioners).	to be payable to the Gadsden County Board of C	County		
2. A site drawing showing the limits of cleared and location of protected of tree		ions of area to be		
3. Demonstrate requirements of Subsec Show tree protection barricades for pro-		rements are met.		
4. Authorization to Represent, if applican	t is other than the owner.			
Once approved a copy of thi	s permit is to be posted prominently on site.			
Applicant's Signature:	Date:			
To be completed by Ga	adsden County Planning Division Staff:			
Approved/Denied: Date: _	 ,			
Signature & Title:				
Conditions, if applicable:				