



## Walton County Planning and Development Services

31 Coastal Centre Boulevard, Suite 100  
Santa Rosa Beach, Florida 32459  
Phone 850-267-1955  
Facsimile 850-622-9133

47 N 6<sup>th</sup> Street  
DeFuniak Springs, Florida 32433  
Phone 850-892-8157  
Facsimile 850-892-8162

---

### PLAT APPLICATION

This Plat Application is used only for plats as required by Chapter 177 of the Florida Statutes

Name of Plat: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Type of Plat (to include the number of lots/units): \_\_\_\_\_

Name of Development as listed on the approved Development Order: \_\_\_\_\_

List and attach all Development Order Numbers associated with this Plat: \_\_\_\_\_  
\_\_\_\_\_

#### NOTICE TO ALL APPLICANTS

You are required to schedule a pre-application conference with Planning and Development Services prior to submittal of applications for all final plat projects. Your application will not be processed without verification that you have attended a pre-application conference with a representative(s) of Planning and Development Services. To schedule a pre-application conference contact (850)267-1955 (South Walton Annex) or (850)892-8157 (North Walton Annex).

A pre-application conference was held with \_\_\_\_\_  
regarding the development of \_\_\_\_\_  
\_\_\_\_\_ on this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Planning Official \_\_\_\_\_ Title \_\_\_\_\_

I understand that the Board of County Commissioners has the final approval regarding all final plat projects. I understand that this proposed plat will be subject to all applicable land use regulations, and that this development is not considered vested for specific land use regulations until the Board of County Commissioners has approved the final plat.



**APPLICANT**

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: : \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY INFORMATION**

Parcel Identification Number(s) (Obtain from Property Appraiser's Office): \_\_\_\_\_

Legal Description: \_\_\_\_\_

Driving Directions to Site from nearest major intersection: \_\_\_\_\_

Current Land Use Designation: \_\_\_\_\_

Names of New Streets: \_\_\_\_\_

**AGENT**

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: : \_\_\_\_\_ Email: \_\_\_\_\_

**SURVEYOR**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: : \_\_\_\_\_ Email: \_\_\_\_\_

**STATEMENT OF INTENT**

A statement of the applicant's intentions to the future selling or leasing of all portions of the development (such as land areas, dwelling units, and commercial facilities) is required. Provide a statement of intent below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCENIC CORRIDOR**

Does this project site abut US Highway 98 or US 331 south of the "Clyde B. Wells" Bridge?  YES  NO

Does this project site abut County Road 30-A, CR 393, CR 395 or CR 83, CR 283 south of 98?  YES  NO

**PHYSICAL 911 ADDRESS OF PROJECT:** \_\_\_\_\_

Location of Project (with specific landmarks and measurement of distances):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LAND DESIGNATION / USES**

Current Land Use Designation of Parcel (as determined by Walton County Planning and Development Services):

\_\_\_\_\_  
(Per Section 2 of the Walton County Land Development Code / Future Land Use Map / Land Use Determination)

# of Residential Lots: \_\_\_\_\_ # Units per Residential Lot: \_\_\_\_\_

# Multifamily Units: \_\_\_\_\_ Type of Multifamily Units: \_\_\_\_\_

Property Acreage: \_\_\_\_\_

Square Footage of Non-Residential Development:

Existing: \_\_\_\_\_ s.f.      Proposed: \_\_\_\_\_ s.f.      Total: \_\_\_\_\_ s.f.

Type of Proposed Non-Residential Development: \_\_\_\_\_

Adjacent Land Uses:  
(Commercial, single-family, multifamily, vacant, etc.)

Future Land Use Category:  
(from the LDC/FLUM/Land Use Determination)

North Side: \_\_\_\_\_

\_\_\_\_\_

South Side: \_\_\_\_\_

\_\_\_\_\_

East Side: \_\_\_\_\_

\_\_\_\_\_

West Side: \_\_\_\_\_

\_\_\_\_\_

## PROJECT INFORMATION

Subject	Sq. Footage/Acreage	Yes	No
Greenway sq. ft.			
Wetlands sq. ft.			
Landscaping sq. ft.			
Preservation sq. ft.			
Conservation easements			
Recreation sq. ft.		Req.:      Prov.:	
Open space sq. ft.		Req.:      Prov.:	
Type of structure (occupancy, class, or materials)			
Number of buildings			
Density			
Building sq. ft.			
Structure height			
Floor Area Ratio (FAR)			
Impervious Surface Ratio (ISR)			
Street widths allowed			
Sidewalk sq. ft.			
Parking area landscaping sq. ft.			
Overflow parking			
Number of parking spaces			
Shared parking			
Number of bike spaces			
Number of compact parking spaces			
Number of handicapped parking spaces			
Number of loading spaces			
Front setback			
Cross access agreement			
Rear setback			
Side setback			
CCCL Permit #			
Dredge and Fill Permit #			
FDEP General Permit #			
FDEP Potable Water Permit #			
FDEP Stormwater Permit #			
FDEP Wastewater Permit #			
FDOT Permit #			
Flood Plain			
Will state permits be required for this project? (see below)			

If so, what state permits will be required? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SEWER/WATER**

Will this project be served by public water?  YES  NO

If yes, who is your provider? \_\_\_\_\_

(Submit letter from company providing this service)

Will this project be served by public sewer?  YES  NO

If yes, who is your provider? \_\_\_\_\_

(Submit letter from company providing this service)

**POTABLE WATER AVAILABILITY**

The above parcel  is /  is not within the service area of: \_\_\_\_\_

Service Provider

Capacity  is /  is not available to serve this project with potable water.

Service to this project  is /  is not contingent upon planned facility expansion. (If project is contingent on a planned expansion, provide details of expansion from the provider.)

\_\_\_\_\_

\_\_\_\_\_

**SEWER AVAILABILITY**

The above parcel  is /  is not within the service area of: \_\_\_\_\_

Service Provider

Capacity  is /  is not available to serve this project with sewer service.

Service to this project  is /  is not contingent upon planned facility expansion. (If project is contingent on a planned expansion, provide details of expansion from the provider.)

\_\_\_\_\_

\_\_\_\_\_

**AGENT AFFIDAVIT  
SPECIAL POWER OF ATTORNEY**

STATE OF FLORIDA  
COUNTY OF WALTON

KNOW ALL MEN BY THESE PRESENTS, that I \_\_\_\_\_ am presently the owner and/or leaseholder at \_\_\_\_\_ and desiring to execute a Special Power of Attorney, have made, constituted and appointed, and by these presents do make, constitute and appoint \_\_\_\_\_ whose address is \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, my Attorney-In-Fact full power to act as my agent in the process of obtaining a development order pertaining to \_\_\_\_\_ application.

FURTHER, I do authorize the aforesaid Attorney-in-Fact to perform all necessary tasks in the execution of aforesaid authorization with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by the said attorney-in-fact shall be binding on me and my heirs, legal and personal representative, and assigns.

PROVIDED that any and all transactions conducted hereunder for me or for my account shall be transacted in my name and that all endorsements and instruments executed by the said attorney-in-fact for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney-in-fact and the designation "Attorney-in-Fact."

WITNESSES:

APPLICANT

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned Notary Public in and for said County and State, appeared \_\_\_\_\_, WHO IS PERSONALLY KNOWN TO ME or WHO PRODUCED \_\_\_\_\_ AS IDENTIFICATION, and who did not take an oath, and who is known to me to be the individual described by said name who executed the foregoing instrument.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

Notary Public: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

**Plat Review Submittal Requirements:**  
**(in order as stated below and sorted into five (5) full sets)**  
**(Checks payable to Walton County)**

- Check for Surveyor Review
  - o Fee for Minor Development Order Plat review **\$650.00**, Environmental review fee **\$150.00/\$75.00 for 2<sup>nd</sup> resubmittal and above.**
  - o Fee for Major Development Order Plat review **\$1,000.00**, Environmental review fee **\$150.00/\$75.00 for 2<sup>nd</sup> resubmittal and above.**
  - o Fee for SWFD Fire Review **\$200.00.** (Payable to SWFD)
- Plat application (Original plus 4 copies)
- 24 X 36 paper copies of the plat
- Boundary Survey (signed and sealed)
- Copy of the Development Order with attached full size approved plans (11 X 17)
- Original plus 4 copies of the Engineer's Cost Estimate as prepared by the engineer, signed and sealed, OR alternatives if infrastructure is complete (provide original copy of engineering certification and inspection letter). NOTE: Submit Letter of Credit after cost estimate has been approved by Engineering.
- A CD of entire submittal in .pdf files. Please provide a separate .pdf file for each document (e.g. application, plans, survey, etc.). Please label the files accordingly (e.g. Site\_Plan.pdf and so forth) and do not save a file larger than 2 MB.

**Requirements for Board of County Commissioner Meeting Inserts:**

**INITIAL PACKETS WILL INCLUDE (in order as stated below and sorted into sixteen (16) full sets):**

**If any submittals do not meet these requirements, they will not be accepted**  
**BCC inserts for plats will not be accepted until the final mylar has been approved**

- Response letter to review comments
- 24 X 36 paper copies of the plat **(2 Copies)**
- Mylar print of the plat (with all appropriate signatures in **BLACK SHARPIE**); must be notarized (1 original plus 1 paper copy). Ensure that ink seals do not smear - new mylar will be required.
- CD of plat in Florida State Plan Coordinates (per County Surveyor) (one CD in .pdf format, one CD in .dwg format)
- Substantial compliance to F.S. 177 letter from County Surveyor
- Letter of Credit or other security as approved by Walton County per the Land Development Code (n/a if complete)
  
- 11 X 17 paper copy of the plat **(16 Copies)**
- Copy of the Development Order with the attached 11 X 17 full set of plans **(16 Copies)**
- Copy of the Engineer's Cost Estimate **OR** engineer's inspection/certification letter **(16 Copies)**
- Copy of the Letter of Credit or other security as approved by Walton County per the Land Development Code **OR** copy of final approved inspection memo **(16 Copies)**
- Check for Proportionate Fair Share Fees (if applicable)

**REQUIRED SIGNATURE**

I agree that the Walton County personnel or any assigned agents may enter the property for the purpose of verifying the conditions that affect this application, for periodic inspections, and to verify information that I provided as part of this application.

**FLORIDA STATUTES 837.06 – FALSE OFFICIAL STATEMENT**  
Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

**I have read and understand all the information provided in this application, the requirements listed within the application, and agree to provide the necessary information requested by Walton County. The information I have provided on this application is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned Notary Public in and for said County and State, appeared

\_\_\_\_\_, who is personally known to me or who has produced

\_\_\_\_\_ as identification, and who executed the foregoing instrument.

Given under my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

{Seal}

\_\_\_\_\_  
Signed Name of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Commission Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**NOTE: This Plat Application will not be processed without a Notary Public Witnessed Signature by the Applicant.**

**THIS SUBMITTAL WAS CHECKED BY:**

\_\_\_\_\_  
Walton County Staff Signature

\_\_\_\_\_  
Date