



**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 6th Street
DeFuniak Springs, Florida 32433
Phone 850-892-8157
Facsimile 850-892-8162

EXTENSION of DEVELOPMENT ORDER REQUEST APPLICATION

(Please mark appropriate application box below)

Application fee \$250.00

EXTENSION of DEVELOPMENT ORDER REQUEST APPLICATION

Date of Application: _____

APPLICANT

Name: _____

(If company or corporation, name of secretary and president)

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____ Email: _____

Driving Directions to Site from nearest major intersection: _____

AGENT

Name: _____

(If company or corporation, name of secretary and president)

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____ Email: _____

EXISTING DEVELOPMENT INFORMATION

Subject	Information
Parcel Number	
Future Land Use	
Current Development Order/Ordinance Number/Resolution	
Name of Development	
Governor's Order (request based on)	
Statute (request based on)	
Comp Plan/LDC (request based on)	

Attachments

Attach applicable maps, surveys, aerial photos, diagrams, and supporting documentation as needed.

SUBMITTAL CHECKLIST

**THIS CHECKLIST IS FOR DEVELOPMENT ORDER EXTENSION
REQUEST ONLY**

**SUBMITTALS FOR DEVELOPMENT ORDER EXTENSION REQUEST WILL INCLUDE TWO (2)
COPIES OF:**

- Completed and Signed Application (original plus 1 copy)
- Proof of Ownership – Deed, Tax Notice
- Agent Affidavit (if applicable)
- Copy of Current DO/Ordinance/Resolution

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 _____, _____.

Signed Name of Notary Public

{Seal}

Printed Name of Notary Public

Commission Number: _____

Expiration Date: _____

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

THIS SUBMITTAL WAS CHECKED BY: (Walton County Staff Signature) _____ DATE: _____

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: _____