



**LARGE SCALE SUBDIVISION OR
SITE PLAN REVIEW**

Development Services – Planning Division
150 N. Lakeshore Drive | Ocoee, FL 34761
Phone: 407.905.3157 | Fax: 407.905.3158

Received Date – Office Use Only

PROJECT NUMBER: LS-_____ DATE RECEIVED: _____

PROJECT NAME: _____

PROJECT DESCRIPTION: _____

ACREAGE: _____ # OF LOTS: _____

STORIES: _____ SQUARE FOOTAGE: _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

OWNER OF RECORD:

OWNER'S ADDRESS:

PHONE NUMBER: _____

- INVOICES WILL BE SENT TO: [] OWNER OR [] APPLICANT

PROPERTY LOCATION: _____

A. PROPERTY TAX ID. NO(S):

- LEGAL DESCRIPTION: ALL APPLICATIONS FOR SUBDIVISION OR SITE PLAN REVIEW MUST PROVIDE THREE (3) EXECUTED, CERTIFIED AND SEALED BOUNDARY SURVEYS FOR THE SUBJECT PARCEL, WHICH SHALL INCLUDE A METES-AND-BOUNDS LEGAL DESCRIPTION. ATTACH SURVEY WITH FULL LEGAL DESCRIPTION AS EXHIBIT.

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NUMBER OF EXISTING BUILDINGS AND EXISTING LAND USE OF THE SUBJECT PARCEL:

HOW WILL THE FOLLOWING ESSENTIAL SERVICES BE PROVIDED?

- A. POTABLE WATER: _____
- B. WASTEWATER TREATMENT: _____
- C. STORMWATER MANAGEMENT _____
- D. RECREATION: _____
- E. SCHOOLS AND PROJECTED NUMBER OF SCHOOL AGE CHILDREN: _____
- F. MAIN HIGHWAY ACCESS (A traffic study may be required): _____
- G. FIRE PROTECTION (NOTE: Fire flow data will be required before final platting):

- APPLICANT SHALL PAY SUCH ADDITIONAL DEVELOPMENT REVIEW FEES AS MAY BE REQUIRED BY ARTICLE I, SECTION 1-12 OF THE LAND DEVELOPMENT CODE

APPLICANT SIGNATURE

DATE

CITY OF OCOEE, FLORIDA
OWNER'S AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me, the undersigned personally appeared _____, who being first duly sworn on oath, depose(s) and say(s):

1. That they/she/he are/is the fee-simple owner(s) of the property legally described in this application and that the attached ownership list is made a part of the affidavit and contains the legal description(s) for the real property, and the names and mailing addresses of all owners having an interest in said land.
2. That they/she/he desire(s) _____ (specify action sought) for said property.
3. That they/she/he/ have/has appointed _____ (specify himself or agent) to act as agent in their/her/his behalf to accomplish the above.
4. That they/she/he affirm(s), certifi(y)(ies) and will comply with all ordinances, regulations and provisions of the City Code of the City of Ocoee, and that all statements and diagrams submitted herewith are true and accurate to the best of their/his/her knowledge and belief and further, that this application and attachments shall become part of the official records of the City of Ocoee, and are not returnable.
5. That the accompanying adjacent property owners list is, to the best of their/her/his knowledge, a complete and accurate list of the owner's names and mailing addresses for all property lying within three hundred (300) feet of the perimeter of the subject parcel, as recorded on the latest official Orange County Tax Rolls.
6. That prior to the public hearing, if applicable, signs will be prominently posted on the subject parcel not less than twelve (12) days before the application will be considered by the Planning and Zoning Board or the Board of Adjustment, and will remain posted until final determination, after which time the notices are to be removed and destroyed.

Owner's Signature

Sworn to and subscribed before me this ___ day of _____, 20___, by _____, who is personally know to me or who produced _____ as identification, and who took an oath.

Notary Public

My commission number: _____

My commission expires: _____

Owner's Signature

Sworn to and subscribed before me this ___ day of _____, 20___, by _____, who is personally know to me or who produced _____ as identification, and who took an oath.

Notary Public

My commission number: _____

My commission expires: _____

Owner's Signature

Sworn to and subscribed before me this ___ day of _____, 20___, by _____, who is personally know to me or who produced _____ as identification, and who took an oath.

Notary Public

My commission number: _____

My commission expires: _____

OWNERSHIP LIST

PARCEL ONE:

OWNER'S NAME: _____

OWNERSHIP INTEREST: _____

MAILING ADDRESS: _____

LEGAL DESCRIPTION:

PARCEL TWO:

OWNER'S NAME: _____

OWNERSHIP INTEREST: _____

MAILING ADDRESS: _____

LEGAL DESCRIPTION:

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PARCEL THREE:

OWNER'S NAME: _____

OWNERSHIP INTEREST: _____

MAILING ADDRESS: _____

LEGAL DESCRIPTION:

*** NOTE: ATTACH ADDITIONAL SHEETS IF MORE THAN THREE PARCELS.**