



Walton County Planning and Development Services

APPLICATION FOR RESUBMITTAL

Application Package Contents

ALL APPLICATIONS SHALL BE SUBMITTED USING THE ONLINE PORTAL

<https://www2.citizenserve.com/waltonplanning>

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SUBMITTAL CHECKLIST

APPLICATION FOR RESUBMITTAL – INITIAL SUBMITTAL WILL INCLUDE THE FOLLOWING ITEMS

If any submittals do not meet these requirements, they will not be accepted

(Credit Cards Accepted or Check payable to Walton County)

- Fee for Sign Permit Application: \$225
- Fee for Engineering review: \$375
- Completed Application
- Letter addressing comments made by Technical Review Committee
- Full set of Engineering Plans indicating changes made in accordance with comments (signed & sealed)

MEETING LOCATION

- North Walton Courthouse
571 US Hwy 90 E
DeFuniak Springs, FL 32435
- South Walton Courthouse Annex
31 Coastal Centre Blvd
Santa Rosa Beach, FL 32459
- Freeport Business Complex
842 State Highway 20 East Suite 110
Freeport, FL 32439

Applicant

Name: _____

If company or corporation, name of secretary or officer

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Owner (if different from applicant)

Name: _____

If company or corporation, name of secretary or officer

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Parcel Number: _____

Project Name: _____

Street Address: _____

Intended Use of Property: _____

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.

Applicants Signature: _____

Date: _____

Applicant's Signature

Printed Name

Date

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: _____

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 of _____ 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 full power to act as my agent in the process of obtaining a certificate of land use compliance pertaining to _____.

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 shall be binding on myself and my heirs, legal and personal representative, and assigns.

PROVIDED, however, 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 for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact."

WITNESSES:

APPLICANT:

Signature: _____

Signature: _____

Printed Name: _____

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 executed the foregoing instrument. Given under my hand and seal this _____ day of _____,

Signed Name of Notary Public

Printed Name of Notary Public

{Seal}

Commission Number: _____ Expiration Date: _____

