



Walton County Planning and Development Services

APPLICATION FOR DEVELOPMENT ORDER EXTENSION

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 DEVELOPMENT ORDER EXTENSION – 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 Development Order Extension Application: \$200
- Agent Affidavit
- Proof of Ownership or Lease Agreement
- Completed Application
- Copy of Current DO/Ordinance/Resolution

Applicant

Name: _____

If company or corporation, name of secretary or officer

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Agent

Name: _____

If company or corporation, name of secretary or officer

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

EXISTING DEVELOPMENT INFORMATION

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

Attachments

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

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: _____

