

**PUTNAM COUNTY
PLANNING & DEVELOPMENT SERVICES**

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Planning: (386) 329-0491
Zoning: (386) 329-0316
Building: (386) 329-0307
Animal Control (386) 329-0396
Code Enforcement (386) 329-0317

APPLICATION FOR BORROW AREA

1. Name of Applicant(s) _____ Address(es): _____

2. Property 911 Address: _____
3. Parcel ID#(s): _____
4. Subdivision name, if applicable: _____
5. Driving directions to affected property from Palatka:

6. Current zoning: _____ Future Land Use designation: _____
7. Parcel Size (Acres): _____ Borrow Area Size (Acres): _____

8. Current Use:

YOUR SIGNATURE BELOW AFFIRMS THAT YOU HAVE READ AND AGREE TO THE TERMS OF THIS APPLICATION IN ITS ENTIRETY.

9. Signature(s) of Appellant(s):

Telephone Number(s)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization,

this _____ day of _____ 20____, by _____.

(Print Name of Person(s) Acknowledging)

Notary Stamp

Signature of Notary Public

*(Print, Type, or Stamp Commissioned
Name of Notary Public)*

Personally Known OR Produced Identification _____ Type of Identification Produced

AGENT DESIGNATION FORM

The applicant(s) does (do) hereby appoint and designate _____
as agent in fact for the owner(s) of parcel(s) _____

to present an application for Development Review for all or a portion of the referenced parcel(s) and to present all evidence in support thereof to the Putnam County Development Review Committee, and to respond to and furnish all information and data requested by said Committee.

Print name of property owner(s)

Signature(s) of property owner(s)

_____	_____
_____	_____
_____	_____
_____	_____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization,
this _____ day of _____ 20____, by _____
(Print Name of Person(s) Acknowledging)

Notary Stamp

Signature of Notary Public

*(Print, Type, or Stamp Commissioned
Name of Notary Public)*

Personally Known OR Produced Identification _____ Type of Identification Produced

AGENT OATH AND SIGNATURE:

The undersigned _____, being duly appointed as agent in fact for the above named owner(s) of the property whereby said owners are seeking a rezoning and the undersigned does hereby accept said appointment and will faithfully and truly carry out the request of said owner(s).

Signature of Agent: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

STATE OF _____	
COUNTY OF _____	
The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____ 20____, by _____.	
<i>(Print Name of Person(s) Acknowledging)</i>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Notary Stamp</div>	
_____ Signature of Notary Public	<i>(Print, Type, or Stamp Commissioned Name of Notary Public)</i>
Personally Known <input type="checkbox"/> OR Produced Identification _____	Type of Identification Produced _____

DO NOT WRITE BELOW THIS PAGE

THIS PAGE IS FOR OFFICE USE ONLY

Pre-application Meeting Verification: Date: _____ Time: _____ am/pm

Staff Signature: _____

Staff Sufficiency Review Comments:

1. Submittals Check List:

- ___ Application Fee ___ All Required Plan
- ___ Completed Application form ___ Agent Designation form (if applicable)
- ___ Recorded Deed(s) ___ Legal Description(s)

2. Property is currently/proposed to be serviced by:

- ___ Central sewer package treatment plant___ septic tank___
- ___ Central water public supply well___ private well___

Health Department Comments: _____

3. Case Number: _____

4. Hearing Date and Time for the Zoning Board of Adjustment: _____

5. Special Comments: _____

Reviewed by: _____ Date: _____