



PRELIMINARY PLAT AND REPLAT REVIEW

City of Atlantic Beach

Community Development Department
800 Seminole Road Atlantic Beach, FL 32233
(P) 904-247-5800

FOR INTERNAL OFFICE USE ONLY
FILE # _____

\$250.00 Preliminary Plat Review

\$300.00 Replat Application

APPLICANT INFORMATION

NAME _____ EMAIL _____

ADDRESS _____ PHONE # _____

CITY _____ STATE _____ ZIP CODE _____ CELL # _____

SITE INFORMATION

ADDRESS _____

SUBDIVISION _____ BLOCK _____ LOT _____

RE# _____ LOT/PARCEL SIZE _____ ZONING CODE _____

COMPREHENSIVE PLAN FUTURE LAND USE DESIGNATION _____

SECTION 24-203: CONCEPT PLAN AND INFORMATION REQUIRED FOR REVIEW

Please submit seven (7) copies of a proposed concept plan including the following information along with this application form. Additional information may be requested prior to review.

1. The name, address and contact information of the property owner of record and proof of ownership.
2. The name, address and contact information of the developer or any authorized agent(s), accompanied by proper owner's authorization.
3. A current certified survey and legal description.
4. A proposed conceptual site plan superimposed upon a boundary survey depicting each of the following:
 - * Location and width of all street right-of-ways; pavement width and curb detail.
 - * Name and right-of-way width of all existing streets adjoining the proposed development.
 - * Sidewalks, pedestrian pathways and connections to any sidewalks outside of the proposed development.
 - * Lot layout with lot dimensions.
 - * Any existing and proposed easements.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT: Signature of Property Owner(s) or Authorized Agent

SIGNATURE OF APPLICANT PRINT OR TYPE NAME DATE

SIGNATURE OF APPLICANT (2) PRINT OR TYPE NAME DATE

Signed and sworn before me on this _____ day of _____, _____ by State of _____

County of _____

Identification verified: _____

Oath Sworn: Yes No

Notary Signature

My Commission expires _____