



**CITY OF MADEIRA BEACH**  
 PLANNING AND ZONING DEPARTMENT  
 300 MUNICIPAL DRIVE ♦ MADEIRA BEACH, FLORIDA 33708  
 (727) 391-9951 EXT. 255 ♦ FAX (727) 399-1131  
 EMAIL TO: [planning@madeirabeachfl.gov](mailto:planning@madeirabeachfl.gov)



**SITE PLAN APPLICATION**

**PROJECT**

- I. A. Project Name: \_\_\_\_\_
- B. Project Description: \_\_\_\_\_
  
- C. Address of Subject Property: \_\_\_\_\_
- D. Parcel I.D. No.: \_\_\_\_\_
- E. Legal Description: \_\_\_\_\_
  
- Full legal description attached:      YES      NO
- F. Existing use of property: \_\_\_\_\_

**INFORMATION IN SECTIONS I, II IS REQUIRED TO ENSURE THAT PUBLIC OFFICIALS DO NOT VIOLATE CONFLICT – OF - INTEREST LAWS.**

**APPLICANT**

- II. A. Applicant Status: *Attach proof of ownership (Deed)*      Owner      Agent
- B. Name of Applicant(s)/Contact Person(s):  
 Contact Person(s): \_\_\_\_\_  
 Company Name (if applicable): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_  
 Email: \_\_\_\_\_
- C. If applicant is agent for property owner: *Attach Proof of Agent authorization*  
 Name of owner (title holder): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DISCLAIMER:** According to Florida Statutes, Chapter 119, it is the policy of this state that all state, county, and municipal records are open for personal inspection and copying by any person. Providing access to public records is a duty of each agency. All documents and information not specified in F.S. 119.071 and 119.0713 are subject to public record requests.

**ADDITIONAL INFORMATION**

III. A. Is there any existing contract for sale, or options to purchase subject property? YES NO

If "yes" list names of all parties involved:

Is the contract/option contingent or absolute? \_\_\_\_\_

**I/WE CERTIFY AND ACKNOWLEDGE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO BEST OF MY/OUR KNOWLEDGE**

Signature of Applicant

Printed Name & Title

STATE OF  
COUNTY OF

The foregoing application as acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,

by \_\_\_\_\_ who is/are personally known to me, or has/have produced \_\_\_\_\_ as identification.

(Seal)

\_\_\_\_\_  
Signature of Notary Public, State of Florida