

FOR OFFICE USE ONLY			
Permit #			
Date			

Flagler County Land Development Permit Application

1.	Property Owners Name:						
	Mailing Address:						
	Phone Number:	E- Maii					
2.	Location of Property/ Job Address	:					
	Legal Description:						
	Parcel #:		Block:	Lot:			
3.	Contractor						
	Address:	State License:					
	City/State/ZIP Code:	Phone #:					
	Fax #:	Cell #:					
	E-mail:						
4.	Description of Work:						
	☐ Subdivision	☐ Commercial		Residential			
5.	Subdivision or Site Plan Name:						
	Date of Project Approval:						
6.	Potable Water Supplied by:						
•							
7	Sewer Supplied by: Total Cost of Improvements:						
8.	Sub Contractor Information:						
	Underground Contractor: DBA:	License	e Holder's Name:				
	State License Number:		ost of Underground	Work:			
	Others Contractor:						
	DBA:		e Holder's Name:				
	State License Number:		Total Cost of Others:				
do req	is Permit is for specified work that is t es not relieve the Permittee (Applicant) quirements. By signing this application provals and permits have been obtaine	from adherence to Flag for a Land Developmer	ler County or oth nt Permit the App	er agency approvals, permit or			
(Sig	gnature)	(Printe	ed Name)				
IS S	SIGNING AS:						
Sta	te of	County of _					
Sw	orn to and Subscribed before me, the	Day of		. 20			
by	duced	as identification	who i	s personally known to me or has			
μω	uuceu	as identification.					
Sig	nature of Notary Public	Print, ⁻	Type or Stamp of No	tary			

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Fee:	Payment Method:	Payment Method:			
Special Terms and Conditions:					
Date issued:					
Approved By:	Date:				

Include Form P-7 to this permit if related to a plat (see next page)

FORM P-7

AGREEMENT ON REQUIRED IMPROVEMENTS

	ty of the Fir							, hereinafter
		•	, ,	ees and contract		•	-	
Florida,	hereinafter	referred	to as	COUNTY, th				Platting of
Platting :	and Required	Improveme	nts Regul	, ations of Flagler		ividing of land p		
•	•	•	•	ursuant to the sp	•	•	•	
	•		•	ecome defective		•		
•		•		s, due to defect			•	
•	•	•		espects for such				•
•	, ,		•	COUNTY, correct liance with the re				
	•	· ·	•		•			J
			•	ir of the defectiv	•	•		• • •
•				e the right to ma OUNTY for suc		•		
		•	•	onable attorney's	•	•		ne collection of
	,							
				s hereunto set [i	ts] [his] h	and and seal th	is	day of
		_, 20	•					
CORPOR	RATE							
			[a Florida	a corporation] [a	COI	poration, licensed t	o do business	in Florida]
			DEVEL	OPER				
			BY:					
				nature of President or	Vice Presid	lent)		
			Typed	Name:				
			Title: _					
ATTEST:								
(Signature of	f Other Corporate	Officer)						
, •	·	•			Da	ate:		
				ss:				
(Impressi	ion Corporate	Seal)						

-OR-

(Individual)	
WITNESS:	BY: (Developer)
	DATE: