

PROJ. #: _____



HOLLY HILL

F L O R I D A

1065 Ridgewood Avenue, Holly Hill, FL 32117

Phone: 386-248-9442 Email: permitdesk@hollyhillfl.org

SUBDIVISION

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

PROPERTY

SUBDIVISION NAME:

PARCEL ID #(S):

ADDRESS:

NUMBER OF LOTS: _____ ☐ SINGLE FAMILY ☐ TOWNHOMES ☐ COMMERCIAL ☐ INDUSTRIAL
☐ OTHER

ARE ANY TREES BEING REMOVED? ☐ YES ☐ NO (IF YES, ATTACH COMPLETED ARBOR APPLICATION)

WATER PROVIDER:

SEWER PROVIDER:

ZONING:

FUTURE LAND USE:

TOTAL ACREAGE:

BCC DISTRICT:

APPLICANT

NAME:

COMPANY:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

CONSULTANT

NAME:

COMPANY:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

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OWNER(S)

NAME(S):		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	

APPLICATION TYPES/FEES

<input type="checkbox"/> CONCEPT PLAN	\$350.00*
<input type="checkbox"/> FINAL SUBDIVISION PLAN	\$1,000.00* + \$25 Per Lot
<input type="checkbox"/> MINOR REPLAT (RESIDENTIAL: MAX 4 LOTS / COMMERCIAL MAX 2 LOTS)	\$250.00*
<input type="checkbox"/> FINAL PLAT	\$500.00* + \$25 Per Lot

***There may be additional fees (pass-through fees) for reviews of items such as storm-water plans and traffic impact analysis, which are not done by the City. The applicant will be responsible for all fees charged for professional services not performed by the City. The subdivision plan will not be approved until all such fees are paid in full.**

ATTACHMENT CHECKLIST

HARDCOPY SUBMITTAL

- ☐ APPLICATION
- ☐ APPLICATION FEE (See note above regarding pass-through fees)
- ☐ CONCURRENCY APPLICATION, IF APPLICABLE
- ☐ ARBOR APPLICATION (FINAL PLAN ONLY)
- ☐ PLAN / PLAT MEETING ALL REQUIREMENTS OF CHAPTER 82
- ☐ IF SUBMITTING PLAT - 5 COPIES OF PLAT 20" x 24" AND 1 CD WITH PLAT IN PDF FORMAT
- ☐ IF SUBMITTING FINAL SUBDIVISION PLAN - 5 COPIES OF FINAL PLAN DRAWINGS 24" x 36" AND 1 CD WITH PLAN IN PDF FORMAT
- ☐ IF SUBMITTING CONCEPT PLAN SEE CHAPTER 82 FOR REQUIREMENTS
- ☐ BOUNDARY SURVEY – SIGNED AND SEALED (FINAL/MINOR PLAT ONLY)
- ☐ TITLE OPINION - ORIGINAL (PLAT ONLY)
- ☐ SCALD - SCHOOL CAPACITY AVAILABILITY LETTER OF DETERMINATION (IF MORE THAN 10 RESIDENTIAL UNITS)
- ☐ DRAINAGE REPORT (FINAL PLAN ONLY)
- ☐ FIRE FLOW REPORT (FINAL PLAN ONLY)
- ☐ SOILS REPORT (FINAL PLAN ONLY)
- ☐ IF APPLICABLE - ENVIRONMENTAL ASSESSMENT REPORT (FINAL PLAN ONLY)

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CONCURRENCY REVIEW MANAGEMENT SYSTEM (SELECT ONE)

- ☐ I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued and unexpired Certificate of Vesting or prior Concurrency determination as identified below: (Please attach a copy of the Certificate of Vesting or Prior Test/Concurrency Notice.)

Vesting Certificate/Test Notice Number: _____ Date Issued: _____

- ☐ Concurrency Application is attached.

- ☐ I elect to defer the Concurrency Review determination for the above listed property until a point as late as Final Plan. I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future.

SIGNATURE OF OWNER/AUTHORIZED AGENT

DATE