



The City of Quincy

404 West Jefferson Street

Quincy, Florida 32351

phone: (850) 618) 0020

Fax: (850) 875-3733

BUILDING AND PLANNING DEPARTMENT

DEVELOPMENT REVIEW APPLICATION:

(FOR PLANNING STAFF ONLY)

Project # _____ DATE: _____

Type of Development:

_____ Subdivision

_____ Planned Unit Development

_____ Commercial

_____ Industrial

_____ Public

_____ Recreational

_____ Governmental

_____ Recreation

_____ Home Business

Land Use Category: _____ Flood Zone _____

Approved: _____ Type of Approval: _____ Administrative _____ Commission

Denied: _____ Reason For Denial _____

PROJECT NAME: _____

OWNER: _____

PROJECT DESCRIPTION _____

OWNER INFORMATION

NAME: _____

ADDRESS: _____ CITY _____ STATE _____

BUSINESS PHONE: _____ HOME: _____ FAX:: _____

PROPERTY INFORMATION:

PARCEL I.D. (TAX NUMBER) _____

PROPERTY LOCATION/DIRECTIONS: _____

PROPERTY INFORMATION:

Please read and respond to the following questions:

1. How will water be supplied to the site?
2. How will wastewater (sewage) be handled?
3. Is site or any part of the site adjacent to or in a designated flood prone or wetlands area?
If yes, what steps will be take to mitigate these impacts..
4. Are there any known historical or archeological sites on the property
If yes, what steps will be taken to preserve these sites
5. Are there any provisions for dedicated open or recreational space?
6. Is there adequate space for vegetative or other type buffer between this use and the adjacent lands?
Briefly describe what type of buffering will be used. _____

7. Provisions for stormwater management as well as erosion and sedimentation control during construction are required by Chapter 17-25 Regulation of Storm water discharge, Florida Department of Environmental Protection (DEP). Therefore a permit may be required, contact DEP for information at (850) 488-3704. A development will not receive approval until this matter is addressed. Briefly describe control measures used during the construction of this project.

APPLICATION CHECK LIST:

- _____ SITE PLAN (2 COPIES FOR INITIAL REVIEW 12 COPIES FOR BOARD REVIEW
DRAWN TO SCALE: (MINIMUM SCALE 1" = 100')
PAPER SIZE NOT LARGER THAN 24"X36"
INTERIOR TRAFFIC PATTERNS
STORMWATER MANAGEMENT
SHOW ALL IMPERVIOUS SURFACES WITH PERCENTAGES
SHOW ALL GREEN SPACE WITH PERCENTAGES
LOCATION MAP
LEGAL DESCRIPTION AND/OR METES AND BOUNDS
GROSS AND NET AREA EXPRESSED IN SQUARE FEET AND ACRES
NUMBER OF PROPOSED UNITS AND GROSS DENSITY
FLOOR AREA FOR EACH TYPE OF USE AND FLOOR AREAS RATIOS
LOCATION OF DRIVEWAYS, NUMBER AND LOCATION OF PARKING SPACES, AND CURB
CUTS. (With typical dimension displayed).
LOCATION OF ALL EASEMENT, AND STREETS WITHIN AND ADJACENT TO THE SITE
REFUSE COLLECTION FACILITIES AND BUFFERING.
- _____ COMPLETED APPLICATION
_____ COPY OF THE DEED
_____ COPY OF THE PARCEL # (TAX I.D.#)
_____ APPROPRIATE FEE PAID

RECEIPT NUMBER _____

DEVELOPMENT REVIEW APPLICATION

PROJECT NAME:/OWNER _____

*****IMPORTANT*****IMPORTANT*****

Each of the following statements must be initialed by the applicant or his/her representative.

- I understand that it is the responsibility of the developer to obtain all permits and comply with the requirements of all agencies having jurisdiction over the proposed development. _____
- I understand that acceptance of this application is not an approval of the proposed development. _____
- I certify that the information provided this office for the purpose of granting this development proposal is true to the best of my knowledge. _____
- The Department of Building and Planning with consideration of the services it performs are herewith released from any liability for all actions taken in good faith during the review of this application and the accompanying materials. _____

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APPLICANT SIGNATURE _____ DATE: _____

REFERENCE NUMBERS:

Department of Environmental Protection----- (850) 488-1234
Gadsden County Health Department ----- (850) 875-7200
Northwest Florida Water Management District ----- (850) 539-5999