



DRC EXTENSION REQUEST APPLICATION

Date Received: Application Fee: \$500.00	DRC #: DRC Expiration Date:
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Application and all pertinent required data (listed below) MUST be submitted with this application. All requests for an extension of an approved DRC MUST be submitted a minimum of two weeks prior to the expiration date. After the expiration date, a NEW DRC submittal package will be required.

1. Name of Development						
2. Applicant						
Name						
Address		City		State		Zip
Phone		Email address				
3. Owner(s) of Record						
Name						
Address		City		State		Zip
Phone		Email address				
4. Name of Surveyor						
Name						
Address		City		State		Zip
Phone		Email address				
5. Name of Contractor						
Name		Company				
Address		City		State		Zip
Phone		Email address				
6. Authorized Agent – (if applicable – Property Owner must sign AGENT Affidavit below)						
Name		Company				
Address		City		State		Zip
Phone		Email address				

7. Property Address							
Address		City		State		Zip	
Parcel ID /Account #	Lot #	Block#	Section	Short Legal			
8. Length of Extension (6 Months Max)							
9. Are there any changes to the Original APPROVED DRC Plans?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Please Explained:							
10. Explanation/Circumstances for Extension (use additional sheet if necessary)							

Please attach any revised plans or documents to this request.

I, the undersigned, being first duly sworn, testify and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of all of the property described and which is the subject matter of the proposed hearing; that all answers to the questions in this application, and all sketches, data and other supplementary material attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the hearing can be advertised, and that I am authorized to sign the application by the owner or owners.

By submitting this application the owner(s) of the subject property does hereby grant his/her consent to the Zoning Official and his/her designee, to enter upon the subject property for the purposes of making any examinations, surveys, measurements, and inspections deemed necessary to evaluate the subject property relative to this application.

NOTARIAL CERTIFICATE – ACKNOWLEDGEMENT		
_____ Signature of Owner or Authorized Agent	_____ Print Name	_____ Date
State of Florida County of Charlotte		
The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization this day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.		
_____ (Signature of Notary)		_____ (Seal)