

# Universal Development Application



This application is required for ALL applications submitted to the Planning, Zoning and Historic Preservation Division. If you have questions regarding this application, please make an appointment with planning staff.

## 1. Application Type (select all that apply)

- a. Site Plan: ☐ Minor ☐ Major ☐ Planned Development ☐ Sustainable Bonus
- b. Use: ☐ Administrative ☐ Conditional
- c. Proximity Waiver: ☐ Alcoholic Beverage ☐ Community Residence ☐ Gaming Establishment  
☐ Adult Use
- d. Approvals: ☐ Variance ☐ Mural ☐ Cert. of Appropriateness ☐ Adjustment
- e. Amendments: ☐ Rezoning / Map ☐ Text
- f. Other: ☐ Subdivision/Plat ☐ Annexation ☐ Zoning Letter  
☐ ABT Signoff ☐ Transfer of Dev. Rights ☐ Affordable Workforce

## 2. Project Information

- a. Project Name: \_\_\_\_\_
- b. Project Location / Address: \_\_\_\_\_
- c. Legal Description: \_\_\_\_\_
- d. Property Control Number (PCN): 38-43-44-\_\_\_\_\_
- e. Zoning: Existing: \_\_\_\_\_ Proposed: \_\_\_\_\_
- f. Future Land Use: Existing: \_\_\_\_\_ Proposed: \_\_\_\_\_
- g. Proposed Use: ☐ Residential; Units \_\_\_\_\_ ☐ Commercial; \_\_\_\_\_ S.F. ☐ Industrial; \_\_\_\_\_ S.F.
- h. Total Estimated Project Cost: \_\_\_\_\_
- i. Description of Work: \_\_\_\_\_  
\_\_\_\_\_

## 3. Contact Information

- a. Project Manager / Contact Person: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
- b. Applicant Name (if different from Project Manager): \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
- c. Owner Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

#### 4. Owner's Consent

\_\_\_\_\_(“Owner”) certifies that it is the owner of the property located at \_\_\_\_\_ (“Subject Property”) and expressly consents to the use of the Subject Property as described in this application and to all conditions that may be agreed to as a part of the approval of this application, which may be imposed by the decision making board. Owner hereby authorizes, \_\_\_\_\_ as agent, to file this application and represent Owner at any and all meetings and hearings required for the approval of this application.

Owner's Signature: <sup>x</sup> \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title of Signatory: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who produced a \_\_\_\_\_ as identification. He/she did not take an oath.

(NOTARY SEAL)

<sup>x</sup>

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Name of Notary)

#### 5. Affidavit of Completeness and Accuracy

**Instructions:** To be completed by the individual submitting the application (owner or authorized agent)

Project Name: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

##### STATEMENT OF COMPLETENESS AND ACCURACY:

I hereby certify all property owners have full knowledge the property they own is the subject of this application. I hereby certify that all owners and petitioners have been provided a complete copy of all material, attachments and documents submitted to the City of Lake Worth relating to this application. I further certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related application material and all attachments become official records of the Planning, Zoning and Historic Preservation Division of Lake Worth, Florida, and will not be returned. I understand that any knowingly false, inaccurate or incomplete information provided by me will result in the denial, revocation or administrative withdrawal of this application, request, approval or permit. I further acknowledge that additional information may be required by Palm Beach County to process this application. I further acknowledge that any plans that I have prepared or had prepared comply with the Fair Housing Standards. I further consent to the City of Lake Worth to publish, copy or reproduce any copyrighted documents submitted as a part of this application for any third party. I further agree to all terms and conditions, which may be imposed as part of the approval of this application.

\_\_\_\_\_  
(Name – type, stamp, or print clearly)

<sup>x</sup>

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name of Firm)

\_\_\_\_\_  
(Address, City, State, Zip)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who produced a \_\_\_\_\_ as identification. He/she did not take an oath.

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(Signature of Notary Public)

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(Name of Notary)