



City of Parkland

Planning and Zoning Department

6600 University Drive
Parkland, FL 33067

Phone (954) 753-5040
Fax (954) 341-5161

STAFF USE ONLY

Intake Date: _____ By _____

Fee Paid: _____ Receipt # _____

Case #: _____

Administrative review only (sec.22-204H.)

Commission review only (sec. 22-199 J.2)

Full review process (sec. 22-199 J.1)

FINAL PLAT APPLICATION

INSTRUCTIONS TO APPLICANTS:

1. Please complete all questions on the application. If not applicable, indicate with N/A.
2. Provide required attachments as shown on the attached checklist.
3. Pay a filing fee in the amount of five hundred dollars (\$500.00).

I. PROPERTY OWNER AND AGENT INFORMATION

A. Identify any changes to property ownership, mortgagee(s) and agents/consultants subsequent to submittal of the City Preliminary Plat Application or approval by the City Commission. _____

II. PLAT INFORMATION

A. Plat Name: _____

B. City Case No. : _____ C. County Case No.: _____

D. Date of County Commission approval: _____

III. CHANGES SUBSEQUENT TO CITY COMMISSION APPROVAL

A. Identify dedication changes subsequent to City Commission approval. _____

B. Identify boundary and acreage changes subsequent to City Commission approval: _____

OWNER ACKNOWLEDGEMENT

I/We: _____, do hereby swear/affirm that I/we am/are the owner(s) of the property referenced in this application

I/We certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that this application, attachments and fee become part of the official record of the Planning & Zoning Department of the City of Parkland and the fee is not refundable. I/We understand that any knowingly false information given by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. I/We further acknowledge that additional information may be required by the City of Parkland in order to process this application.

I/We further consent to the City of Parkland to publish, copy or reproduce any copyrighted document for any third party submitted as part of this application.

Signature(s) of Owner(s) _____

Print Name(s) _____

CONSENT STATEMENT

Owner to complete if using agent/representative

I/We, the aforementioned owner(s), do hereby give consent to _____ to act on my/our behalf to submit this application, all required material and documents, and attend and represent me/us at all meetings and public hearings pertaining to the request(s) and property I/we own described in the attached application. Furthermore, as owner(s) of the subject property, I/we hereby give consent to the party designated above to agree to all terms or conditions that may arise as part of the approval of this application for the proposed use.

Signature(s) of Owner(s) _____

Print Name(s) _____

NOTARY

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ He/She is personally known to me or has produced _____ as identification and did/did not take an oath.

(Signature of Notary) My Commission Expires: _____

(Name – Must be typed, printed, or stamped) (NOTARY’S SEAL OR STAMP)



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FINAL PLAT SUBMITTAL CHECKLIST

I. GENERAL

PLEASE CHECK		
YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. A completed application signed by the agent and/or applicant authorized in the Preliminary Plat application as being responsible for preparing the plat.
- b. Required application fee.
- c. Two (2) copies of the final plat as submitted for recordation.
- d. Final Broward County Development Review Report.