



CITY OF NORTH PORT

Development Services
Planning Division
4970 City Hall Boulevard
North Port, FL 34286-4100
www.northportfl.gov
Phone (941) 429-7156

DATE RECEIVED – DATE STAMP

REVISION TO FINAL APPROVED PLANS

Upon making any application to the City for any reason, the applicant agrees to comply with all the requirements of the Unified Land Development Code and further agrees to allow authorized city staff and personnel to enter and inspect the property during normal business hours

Application fee: \$650.00

Project Name and Number: _____

Applicant: _____

Mailing Address: _____

Phone: _____ Email: _____

Property Owner (if different than applicant): _____

Mailing Address: _____

Phone: _____ Email: _____

Purpose of Application: Please briefly state the intended correction or change to the previously approved plans:

Please digitally send the following to developmentpetitions@northportfl.gov:

- Narrative describing revisions
- Revised Plans (Signed and Sealed) and any other supplemental information (**NOTE: Any proposed revisions to final approved plan must be clouded to show the specific changes. A proposed revision that was not clouded is not eligible for review or approval.**)

Also Include:

- Affidavit
- Payment
- Supplemental Information Form

***All of the information provided with this application is true and correct to the best of my knowledge.**

Signature of Applicant

Date

Print Applicant Name

AFFIDAVIT

I (the undersigned), _____ being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner of the property described and which is the subject matter of the proposed application; that all answers to the questions in this application, and all sketches, data and other supplementary matter attached to and made a part of the application are honest and accurate to the best of my knowledge and belief. I understand this application must be complete and accurate before the application can be processed or hearing can be advertised, and that I am authorized to sign the application by the owner or owners. I authorize City of North Port staff and agents to visit the site as necessary for proper review of this application. *If there are any special conditions such as locked gates, restricted hours, guard dogs, etc., please provide the name and telephone number of the individual who can allow access.*

Sworn and subscribed before me this _____ day of _____, 20_____,

Signature of Applicant or Authorized Agent

Print Name and Title

STATE OF _____,

COUNTY OF _____

The foregoing instrument was acknowledged by me this _____ day of _____, 20_____, by _____ who is personally known to me or has produced _____ as identification.

(Place Notary Seal Below)

Signature - Notary Public

AFFIDAVIT AUTHORIZATION FOR AGENT/APPLICANT

I, _____, property owner, hereby authorize _____ to act as Agent on our behalf to apply for this application on the property described as (legal description) _____

Owner

Date

STATE OF _____,

COUNTY OF _____

The foregoing instrument was acknowledged by me this _____ day of _____, 20_____, by _____ who is personally known to me or has produced _____ as identification.

(Place Notary Seal Below)

Signature - Notary Public