



CITY OF NORTH PORT

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

DATE RECEIVED – DATE STAMP

RESUBMITTAL

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: \$600.00

Project Name: _____ **Project Number:** _____

Name of Applicant: _____

Name of Corporation/LLC (If Applicable): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX No. _____ E-mail: _____

Number of Times Re-Submitted? 1st 2nd 3rd More _____

Departments Requesting Re-submittal: _____

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

Please submit the below items digitally to developmentpetitions@northportfl.gov :

- Narrative describing how resubmittal addresses SDR comments
- Revised Plans (Signed and Sealed) and any other supplemental information

Also Include:

- 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