



City of Destin

Community Development Department

Planning Division

City of Destin Annex

4100 Indian Bayou Trail

Destin, Florida 32541

Phone (850) 654-1119 • Fax (850) 460-2171

SIMPLE DEVIATION APPLICATION

Landscape Plan Amendment

To a Previously Approved Development

_____ - _____ - **SP**

(project number assigned by planning staff)

Name & Project Number of the Previously Approved Development to which this deviation will apply:

I. APPLICANT INFORMATION:

A. Owner(s): _____

Mailing Address: _____

Business Phone: _____ Cell: _____

Email: _____

B. Authorized Agent (if applicable): _____

Mailing Address: _____

Business Phone: _____ Cell: _____

Email: _____

C. Landscape Architect:

Mailing Address: _____

Business Phone: _____ Cell: _____

IV. SUBMITTAL REQUIREMENTS

A. Completed application - The applicant must fill out all applicable areas of the application and submit to the Community Development Department Planning Division at the City of Destin Annex, 4100 Indian Bayou Trail, Destin.

B. Application Fee: [Fee Schedule](#)
(FY2019 Schedule of Fees, Resolution 19-11, adopted 08/05/2019)

Application fee includes First Submittal Reviews only. Subsequent Submittal Reviews and all mailing costs will be invoiced to the Applicant; invoices must be paid prior to submittal of additional Submittal Review Packages.

Accepted Payments are Cash, Check, Debit, Discover, MasterCard or Visa. Checks shall be made payable to the City of Destin and submitted to the Planning Division, City Hall Annex, 4100 Indian Bayou Trail, Destin, Florida 32541

C. Proof of Ownership - A copy of the last recorded deed of the property. Owner on deed must correspond to "Current Owner" identified on page 1.

D. Agent Affidavit - Applicable only if the applicant is other than the property owner

E. Required Drawings - to include, but not limited to the following:

- 1) Cover Sheet
- 2) Landscape Plan
- 3) Any other documentation relevant to project review

V. SUBMITTAL PACKAGE QUANTITIES:

A. **TWO (2) COMPLETE** paper packages, including **ALL** items in section IV. above.

B. **ONE (1) COMPLETE** electronic package of PDF files on a portable storage device.

(CD, DVD, USB Flash Drive or Dropbox link)

NOTE: This application must be filled out completely and must be signed by the owner or his designated agent. If the applicant is different than the owner of the subject property, then an agent affidavit is required from the owner of the property. The agent affidavit must be completely filled out and submitted with this application. If the property has multiple owners, then all owners or their designated agents must sign this application.

I HAVE READ THE INFORMATION IN THIS APPLICATION AND HAVE FILLED IN ALL ANSWERS CORRECTLY TO THE BEST OF MY ABILITY.

APPLICANT:

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

**AGENT AFFIDAVIT
SPECIAL POWER OF ATTORNEY**

KNOWN ALL PERSONS BY THESE PRESENTS, THAT I, _____

am presently the owner and/or leaseholder at _____

and desiring to execute a Special Power of Attorney, have made, constituted and appointed, and by these presents

do make, constitute and appoint _____

whose address is _____, County of _____, State of _____,

my Attorney-in-Fact to act as follows, GIVING AND GRANTING unto said attorney full power to act as my

agent in any and all matters pertaining to: _____.

FURTHER, I do authorize the aforesaid Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by the said attorney shall be binding on myself and my heirs, legal and personal representative, and assigns.

PROVIDED; however, that any and all transactions conducted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by the said attorney for the purpose of caring out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact."

OWNER

Signature

Printed Name

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

by _____.
(name of person acknowledging)

Signature of Notary

Printed Name of Notary or Seal

Personally known _____ OR Produced Identification _____

Type of Identification Produced _____