



FOR OFFICE USE ONLY

File # _____

Application Fee: _____

Filing Date: _____ Acceptance Date: _____

Town of Hilliard Site Clearing/Site Work Application

A. PROJECT

1. Project Name: _____
2. Address of Subject Property: _____
3. Parcel ID Number(s): _____
4. Existing Use of Property: _____
5. Zoning Designation: _____
6. Description of Work: _____
7. Acreage of Parcel: _____

B. Owner

1. Name of Owner(s) or Contact Person(s): _____ Title: _____
 Company (if applicable): _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____
 Telephone: (____) _____ FAX: (____) _____ e-mail: _____

* Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.

D. ATTACHMENTS (One copy plus one copy in PDF format)

1. Site Plan and Survey including but not limited to:
 - a. Name, location, owner, and designer of the proposed development.
 - b. Vicinity map - indicating general location of the site and all abutting streets and properties.
 - e. Statement of Proposed Work.
2. Legal description with tax parcel number.
3. Warranty Deed or other proof of ownership.
4. Permit or Letter of Exemption from the St. Johns River Water Management District.

5. Fee.

- a. \$100 plus \$20 per acre:

No application shall be accepted for processing until the required application fee is paid in full by the applicant. Any fees necessary for technical review or additional reviews of the application by a consultant will be billed to the applicant at the rate of the reviewing entity. The invoice shall be paid in full prior to any action of any kind on the development application.

All 5 attachments are required for a complete application. A completeness review of the application will be conducted within fourteen (14) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____ County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20____, by _____

_____, who is/are personally known to me, or who has/have produced _____
as identification.

NOTARY SEAL

Signature of Notary Public, State of _____