



# Town of Hilliard Site Plan Application

**FOR OFFICE USE ONLY**

File # \_\_\_\_\_

Application Fee: \_\_\_\_\_

Filing Date: \_\_\_\_\_ Acceptance Date: \_\_\_\_\_

**A. PROJECT**

- 1. Project Name: \_\_\_\_\_
- 2. Address of Subject Property: \_\_\_\_\_
- 3. Parcel ID Number(s): \_\_\_\_\_
- 4. Existing Use of Property: \_\_\_\_\_
- 5. Future Land Use Map Designation : \_\_\_\_\_
- 6. Zoning Designation: \_\_\_\_\_
- 7. Acreage: \_\_\_\_\_

**B. APPLICANT**

- 1. Applicant's Status             Owner (title holder)             Agent
- 2. Name of Applicant(s) or Contact Person(s): \_\_\_\_\_ Title: \_\_\_\_\_  
Company (if applicable): \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_
- 3. If the applicant is agent for the property owner\*:  
Name of Owner (title holder): \_\_\_\_\_  
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 Uses.
  - f. Location of the site in relation to adjacent properties, including the means of ingress and egress to such properties and any screening or buffers along adjacent properties.
  - g. Location of nearest fire hydrant, adjacent pedestrian sidewalks and bicycle paths.
  - h. Date, north arrow, and graphic scale (not to exceed one (1) inch equal to fifty (50) feet).
  - i. Area and dimensions of site.
  - j. Location of all property lines, existing right-of-way approaches, sidewalks, curbs, and gutters.
  - k. Access and points of connection to utilities (electric, potable water, sanitary sewer, gas, etc.).
  - m. Location and dimensions of all existing and proposed parking areas, loading areas, curb cuts.
  - n. Number of proposed parking spaces
  - o. Structures and major features – fully dimensioned – including setbacks, distances between structures, floor area, width of driveways and lot coverage.
  - p. Required buffers.
  - q. Location of existing trees, identifying any trees to be removed.
  - r. Landscaping plan depicting type, size, and design of landscaped areas, buffers, and tree mitigation calculations.
  - s. Percent of pervious surface.
  - t. Lighting plan.
  - u. Location, design, height, and orientation of signs.
  - v. Location of dumpsters and detail of dumpster enclosure.
  - w. For development consisting of Multi-family residential;
    - i. Tabulation of gross acreage.
    - ii. Tabulation of density.
    - iii. Number of dwelling units proposed.
    - v. Floor area of dwelling units.
2. Stormwater management plan - including the following:
  - a. Existing contours at one (1) foot intervals.
  - b. Proposed finished floor elevation of each building site.
  - c. Existing and proposed stormwater management facilities with size and grades.
  - d. Proposed orderly disposal of surface water runoff.
3. Legal description with tax parcel number.
4. Warranty Deed or other proof of ownership.
5. Permit or Letter of Exemption from the St. Johns River Water Management District.

6. Fee.

a. Based on size of site:

- i. For sites <10,000 s.f. - \$200
- ii. For sites >10,000 s.f.- \$1,000 + \$20 per acre

No application shall be accepted for processing until the required application fee is paid in full and a \$1,000 refundable deposit is paid 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 6 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 \_\_\_\_\_