



COMMUNITY DEVELOPMENT DEPARTMENT FINAL PLAT APPLICATION

Date Received:	Date of Log-in:
Petition #:	
Receipt #:	Amount Paid:

1. Name of proposed subdivision: _____
2. Preliminary Plat petition #: _____
Date approved: _____
3. *Parties involved in the application:
Have any of the parties involved in this Application changed since the property received Preliminary Plat approval? ____ Yes ____ No
If yes, please explain: _____

A. Name of Applicant: _____

Mailing Address: _____

City:	State:	Zip Code:
Phone Number:		Fax Number:
Email Address: _____		

B. Name of Agent: _____

Mailing Address: _____

City:	State:	Zip Code:
Phone Number:		Fax Number:
Email Address: _____		

C. Owner of Record*: _____

Mailing Address: _____

City:	State:	Zip Code:
Phone Number:		Fax Number:
Email Address: _____		

D. Name of Surveyor:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Email Address:

E. Name of Engineer:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Email Address:

F. Name of Attorney:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Email Address:

* The name and address of every person having a beneficial interest in this property, however small, in the form of a partnership, limited partnership, corporation, trust, or in any form of representative capacity whatsoever for others, shall be disclosed and a list attached to this application, with no exceptions.

4. Property ID #: _____

5. Has the property undergone any public hearings, other than the public hearings for the Preliminary Plat approval, since the Preliminary Plat application was submitted?

_____ Yes _____ No

If yes,

Hearing Held by:

Date:

Petition #:

_____ Board of County Commissioners

_____ Planning and Zoning Board

_____ Board of Zoning Appeals

_____ Other (Describe) _____

ATTACH ALL DEPARTMENT COMMENTS AND DECISION LETTERS

6. Number of lots allowed: _____ **Number of lots Proposed:** _____ **Number of tracts Proposed:** _____

Minimum lot size previously approved in Preliminary Plat: _____

Minimum lot dimension previously approved in Preliminary Plat: _____

AFFIDAVIT

I, the undersigned, being first duly sworn, depose and say that I am the applicant or agent of the property described and that is the subject matter of the proposed Final Plat request, that data and other supplementary matter attached to and made part of the application, are honest and true to the best of my knowledge.

STATE OF Florida, COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 22 day of February, 2022

by Justin Cook, Division President South Florida, Meritage Homes of Florida, Inc. who is personally

known to me or has/have produced _____ as identification and who

did/did not take an oath.

Notary Public Signature

Ligia Elena Bido

Notary Printed Signature

Signature of Applicant/Agent

Justin Cook, Division President South Florida,
Meritage Homes of Florida, Inc.

Printed Signature of Applicant/Agent

1400 Centrepark Boulevard, Suite 1000

Title

Address

HH29586
Commission Code

West Palm Beach, FL. 33401
City, State, Zip

Telephone Number



APPLICANT AUTHORIZATION TO AGENT

I, the undersigned, being first duly sworn, depose and say that I am the applicant for the Final Plat of the property described and which is the subject matter of the proposed hearing.

I give authorization for Barraco and Associates, Inc., c/o Stephen Coleman to be my agent for this application.

STATE OF Florida, COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 22 day of February, 20 22
by Justin Cook Division President South Florida, Meritage Homes of Florida, Inc. who is personally
known to me or has/have produced _____ as identification
and who did/did not take an oath.

Notary Public Signature

Ligia Elena Bido

Notary Printed Signature

Title

HH 29586
Commission Code

Signature of Applicant

Justin Cook Division President South
Florida, Meritage Homes of Florida, Inc.

Printed Signature of Applicant

1400 Centrepark Boulevard, Suite 1000

Address

West Palm Beach, FL. 33401
City, State, Zip

Telephone Number

