



**APPLICATION FOR TIME EXTENSION
OF AN APPROVED DEVELOPMENT ORDER
TOWN OF JUPITER
DEPARTMENT OF PLANNING AND ZONING
210 MILITARY TRAIL, JUPITER, FL 33458
PHONE: (561) 741-2323 FAX: (561) 744-3116**

Special Time Extension requested: [_____] *

*Please specify the type of extension requested. (Examples: HB503, SB360, HB7207, development order extensions granted pursuant to s.380.06(19) (c) 2., Florida Statutes)

GENERAL INFORMATION

Name of development for which extension is requested: _____

Type of approval previously granted (check {√} all that apply):

- [] Abandonment [] Planned unit development [] Small scale site plan approval
- [] Special exception (associated with a large scale site plan)
- [] Variance (associated with a large scale site plan) [] Large scale site plan approval
- [] Other Time Extension (please specify type) _____

Approved by: [] Town Council [] Town staff [] Date of initial approval _____

PROPERTY INFORMATION

Property Control Number (PCNs). Attach separate sheet, if necessary. _____

Location of property (include proximity to closest major road or intersection): _____

Property's street address: _____

APPLICANT INFORMATION

Name of applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____ E-mail: _____

Property owner(s), if other than applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____ E-mail: _____

[] Check (√) here if applicant is contract purchaser. Written consent is required from the property owner if a contract is pending to purchase the property.

AGENT INFORMATION

A statement of authority is required. All correspondence, invoices and refunds will be addressed to the agent.

Agent: _____ Name of Firm: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____ E-mail: _____

RECIPIENT OF SURPLUS ESCROW

Name: _____ Name of Firm: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____ E-mail: _____

An appointment must be scheduled with a staff member of the Department of Planning and Zoning to submit this application. Please call (561) 741-2323 to schedule an appointment.

REQUIRED INFORMATION

Seven (7) copies of all typewritten correspondence, *including this application form and a letter justifying the request for the applicable time extension* shall be submitted to the Department of Planning and Zoning. **In addition to submitting paper copies, electronic copies must be submitted as one PDF file.**

REQUIRED SIGNATURES

My signature on this document affirms that I understand and will comply with the provisions and regulations of the code of the Town of Jupiter, Florida. I further certify that all the information contained in this application and all documentation submitted herewith is true to the best of my knowledge and belief. Further, I understand that the application, attachments and review fees become part of the official records of the Town of Jupiter and are not returnable.

Signature(s) of applicant(s)	Printed Name(s)	Date
Signature of agent	Printed Name(s)	Date
Signature(s) of property owner(s) REQUIRED (if statement of authority is not attached)	Printed Name(s)	Date
