CITY OF OKEECHOBEE	Date:	Application No.
GENERAL SERVICES DEPARTMENT	Fee Paid:	Jurisdiction:
55 SE THIRD AVENUE	1 st Hearing:	2 nd Hearing:
OKEECHOBEE, FL 34974	Publication Dates:	
Tele: 863-763-3372 Ext. 218	Notices mailed:	
Fax: 863-763-1686	Project Name:	

City of Okeechobee Checklist for Pre-Application Plat Review

Page 1 of 3

	Description	Date Submitted	Ck'd
1	Copy of completed application		
2	Eleven (11) copies of plat drawings (no larger than 11 X 17)		
3	Eleven (11) copies of construction plans (no larger than 11 X 17)		
4	Three (3) sealed boundary and topographic surveys with legal description of site and parcel number included.		
5	Three (3) copies of sealed drainage calculations		
6	Location map of site (may be on the cover sheet)		
7	Two (2) sets of Aerials of the site		
8	One (1) copy of most recent recorded Warranty Deed		
9	Other supporting documentation (pictures, conceptual drawings, etc.) optional		
10	Non-refundable application fee \$400.00 plus \$30 acre		

Note: Please be advised, application will only be processed upon completion of all required documents.

City of Okeechobee 55 Southeast 3rd Avenue Okeechobee, Florida 34974

Phone: (863) 763-3372 Fax (863) 763-1686

Application for Pre-Application Plat Review

Name of Project:			
Applicant:			
Description of project including all prop	oosed uses:		
Number/description of phases:			
Location of/Directions to the project: _			
Existing improvements on property:			
Is proposed use different from existing	or prior use? (Yes) (No	o) (N/A
Total Land area in square feet:	or	acres:	
Existing impervious surface:	square feet	acres	% of site
Additional impervious surface:	square feet	acres	% of site
Proposed total impervious surface	square feet	acres	% of site
Source of Potable Water:	Method of sewa	ge disposal: _	
Current zoning:Cu	rrent Future Land Us	e:	
Parcel identification number:			

Name of project:		
Phone:	Fax:	
Other phone:		
Contact Person:		
Address:		
	Fax:	
Other phone:		
Property Owner:		
Phone:	Fax:	
Phone:	Fax:	
Surveyor:		-
Phone:	Fax:	