Application for a Development Order Time Extension
Due to a State of Emergency, declared by the Governor for Winter Weather

Due to the impact of **Winter Weather**, Executive Order 26-033 was issued by the Governor on February 9, 2026 declaring a State of Emergency for several counties in the State of Florida, including Palm Beach County. Based on Executive Order 26-033, 26-080, 26-114, 26-117, 26-163 & 26-191. Section 252.363, F.S. authorizes a time extension for development orders of **239 tolling days plus 24 months**. The deadline to apply for this time extension is **January 4, 2027.**

The declaration of a state of emergency issued by the Governor for a natural emergency tolls the period remaining to exercise the rights under a permit or other authorization for the duration of the emergency declaration. Further, the emergency declaration extends the period remaining to exercise the rights under a permit or other authorization for 24 months in addition to the tolled period. The extended period to exercise the rights under a permit or other authorization may not exceed 48 months in total in the event of multiple natural emergencies for which the Governor declares a state of emergency. (Section 252.363, F.S.)

1. Control No. _____ Resolution No._____ Application No._____

   PCN(s) _____

2. A time extension is sought for the following:

   ☐ Commencement of Development: Current Due Date _____

   ☐ Plat Recordation: Current Due Date _____

   ☐ Time-Certain Conditions of Approval:

   Condition No. _____ Current Due Date _____

   Condition No. _____ Current Due Date _____

3. APPOINTMENT OF AGENT (if any)

   I (the owner) hereby authorize _____ to request a time extension pursuant to Section 252.363, F.S., and to make representations on my behalf. Consent to a firm shall be deemed consent for the entire firm, unless otherwise specified. Consent is valid for one year from date signed, unless less time is specified.

4. **OWNER**

_____	_____	_____
Signature	Corp. Title (if any)	Street Address
_____	_____	_____
Print Name of Signatory	Corp. Name (if any)	City, State, Zip Code
_____	_____	
Email Address	Telephone Number	

5. **AGENT**

_____	_____
Name of Agent	Name of Firm
_____	_____
Street Address	City, State, Zip Code
_____	_____
Email Address	Phone Number

The filing fee for each time extension application is **$379**.
You may pay by check online or in-person with the PZ&B cashier.
For information, refer to the instructions on our webpage or contact the Monitoring staff at 561-233-5322.