

## **Palm Beach County Zoning Division**

2300 N. Jog Road West Palm Beach, Florida 33411 Phone: (561) 233-5200

## 2025 GENERAL APPLICATION - INSTRUCTIONS

All Zoning applications require submittal of this General Application and must be preceded with a Pre-Application Review (PAR) with issuance of a Referral Number and invoice for online submittal. Part 2 is not required for not required for Unity of Title or Release, Unity of Control or Release, Temporary Use, Temporary Sign, Reasonable Accommodation, or Special Permit. The Part 2 table below can be deleted for those applications. For Confirmation of Community Residence, use Form 132 in lieu of this General Application form. Email questions and request for Word version of this form to PZB-ZoningIntake@pbc.gov . See GeoNav for yellow items.

Part 1 – General Information			
Application Name		Date	
Control No./Name		<b>Control Acres</b>	
Address or Location	List frontage street first, then distance from nearest cross street.		
PCNs			
Owner Name			
Agent/Applicant			
Email		Phone	
A. Request Summary			
Application Summary	Provide a short paragraph summarizing the proposal / requests, including acreages and use changes proposed		
Zoning Requests	Indicate the Zoning Application Request. See Zoning Applications List & Instructions		
B. Subject Site Data			
Existing Uses	Describe the existing use of the site.		
Future Land Use	Indicate the current FLU and any concurrently proposed changes		
Zoning	Indicate the current Zoning District and the proposed Zoning if change proposed		
Overlay*	Indicate the Comprehensive Plan and/or ULDC Overlay		
Acres – with additions/deletions	Described the acreage of the (approvals) and whether or not the request will add or delete acres, and provide such acreages and final total acres.		
Access	Indicate current access and any proposed access or changes		
Development Order	Indicate whether the site has an approved Development Order and/or Permit, and describe the approval(s). Include applicable Resolution number(s)		
Code Violation	Indicate Case number if site is subject to a Code Violation and/or Special Magistrate Order, and describe how this request will resolve the case.		
<b>Building Permits</b>	Indicate Building Permit number if site has one in process, and describe the relationship between this request and that permit.		

Part 2 – Detailed Information			
A. Prior and Concurrent Applications			
WHP/TDR	Indicate any workforce housing and/or transfer of dev. rights approved or proposed		
FLUA Amendment	Indicate if a concurrent future land use amendment is proposed or a prior one adopted.		
Monitoring	Indicate if the site was subject to a time extension issued by Monitoring		
Resolution & Conditions of Approval	Indicate whether changes are proposed to previously approved conditions of approval, and the Resolution Number(s). If the site has existing conditions of approval, the General Application will require an Exhibit with status of conditions and changes.		
B. Concurrency Determination Data			
Non-Residential Intensity	Describe the approved and/or built non-residential uses and if square footage or seats will be increased or decreased by this request, and by what figures. Indicate changes to square footage, uses, seats, and Skilled Nursing beds as applicable. If complicated, submit Site Plan Data in strike out and underline format.		
Residential Density Units	Described the approved and/or built residential uses and if the dwelling units will be increased or decreased by this request, and indicate the future land use density, and bonus densities. Indicate current and proposed density changes, including any units proposed from a Bonus Program, include the housing type		
Residents/Beds	Indicate current and proposed changes to Congregate Living Facility and/or Community Residential housing residents / beds		
Water	Indicate if the site is connected to water. If not, indicate if the site will be connected to water. Indicate Provider		
Sewer	Indicate if the site is connected to sewer. If not, indicate if the site will be connected to sewer. Indicate Provider		
Health Dept. Uses	Indicate any existing or proposed: Hospitals, medical clinics, day cares, schools, personal services, cement plants, power plants, sugar Mills, dry cleaners, crematories, cement batching plants, surface coating facilities, CLFs, restaurants, lounges		
Health Dept. Hazardous Material	<ul> <li>Indicate any existing or proposed hazardous material stored or produced on the site, including the type and amount of:</li> <li>industrial, manufacturing, special or hazardous waste that may be generated;</li> <li>airborne pollutants that may be generated (i.e. dust or other unconfined particulates such as NOx, SOx, CO, VOC's, heavy metals, etc.); and,</li> <li>any special handling of solid waste that may be required.</li> </ul>		
C. Environmental Determination Data			
ERM Regulations	<ul> <li>Indicate whether:</li> <li>Site has wellfields or is located within a Wellfield Protection Zone</li> <li>Site is located within the Coastal Protection Zone</li> <li>Regulated substances were previously or proposed to be stored on site, including storage of regulated substances in underground storage tank systems that are greater than 550 gallons</li> <li>Application proposes to excavate a mined lake on site</li> </ul>		
ERM Review of Native Vegetation	Indicate if the site has native vegetation that is not part of a landscape plan or development permit, and what, if any, changes will be proposed by this application. For sites that do not have an approved Development Order and are undeveloped, indicate whether there is native vegetation on site subject to Art. Art. 14.B.8.C. If so, indicate whether removal or relocation of Native Vegetation required, and if so, application intake will require a copy of the draft Protect Native Vegetation Application to ERM. Application forms are available from the ERM Permit Center-PZB.		

Part 3. Applicant Data		
A. Agent Information		
Identify the information for the agent processing the application. This will be the primary contact for the Division.		
Name(s)		
Company Name		
Address		
City, State, Zip		
Phone / Fax Number		
Email Address		
B. Applicant Informa	ation	
Identify the information for each Property Owner and Contract Purchaser. Duplicate table as needed.		
Each Owner and each Applican	nt / Contract Purchaser must submit Attachment C & Attachment E.	
Name		
Company Name		
Address		
City, State, Zip		
Phone / Fax Number		
Email Address		
Interest	Indicate whether person is a Property Owner or Contract Purchaser.	
Name		
Company Name		
Address		
City, State, Zip		
Phone / Fax Number		
Email Address		
Interest	Indicate whether person is a Property Owner or Contract Purchaser.	

Note: Refer to PZB Zoning Website for all ULDC Articles <a href="http://www.pbcgov.com/uldc/index.htm">http://www.pbcgov.com/uldc/index.htm</a>
referenced in this document and the Technical Manual for helpful information
<a href="http://www.pbcgov.com/techmanual/index.htm">http://www.pbcgov.com/techmanual/index.htm</a>