

# JEFFERSON COUNTY, FLORIDA PLANNING DEPARTMENT

445 W. PALMER MILL ROAD - MONTICELLO, FLORIDA 32345  
Phone (850) 342-0223 - Fax: (850) 342-0225



## DEVELOPMENT APPLICATION

Application Date: \_\_\_\_\_

**Applicant/Contractor Email:** \_\_\_\_\_

Applicant/Contractor Name: \_\_\_\_\_

Applicant/Contractor Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant/Contractor Phone Number: \_\_\_\_\_

**Property Owner Email:** \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Project/Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Property Owner Phone Number: \_\_\_\_\_

Parcel ID Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Property ID Number: \_\_\_\_\_

### Brief Description of Proposed Project

### Application Check List

- Site Plan Showing Distances from Property Lines
- 911 Address Form
- Road & Driveway Connection Packet
- Recorded Warranty Deed/Proof of Property Ownership
- Agent Authorization Form if NOT the Property Owner

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 911 ADDRESS APPLICATION

<b>911 Address Number Assigned:</b>	_____
<b>Date emailed to Property Appraiser:</b>	_____
<b>Date Address Placard Given:</b>	_____

All 911 addresses are based upon the measured location of the center of the driveway access point to the designated intersecting road. Driveway connections to any county-maintained road require a Jefferson County Road & Driveway Connection Application.

**The 911 Address Fee for a New Number: \$30.00      Replacement 911 Placard Fee: \$10.00**

**Make checks payable to: Jefferson County Board of County Commissioners**

**REQUIRED INFORMATION:**

Property Owner Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PROPOSED ADDRESS SITE:**

Parcel Tax ID #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Prop ID #: \_\_\_\_\_

Name of Public or Private Road: \_\_\_\_\_

Once the address is established and Application is completed, a 911 plaque will be issued.

Return sheet to the:  
**Jefferson County Planning Department**  
445 West Palmer Mill Road  
Monticello, Florida 32344

**Office hours are Monday, through Friday 8:00 AM – 5:00 PM. (Excluding Holidays)**

**Telephone number 850-342-0223      Fax Number 850-342-0225**

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## Road & Driveway Connection Packet

All NEW road/driveway connections and driveways more than one (1) year in age that connect to a County-maintained road shall be required to obtain a Jefferson County Road & Driveway Connection Permit. This process will ensure the Jefferson County Road Department:

1. Is aware of all vehicular connections to the county-maintained roadway system.
2. Will determine if a culvert will be required at the connection to the County Road to ensure the continued function of the County Road drainage system.
3. To inspect and determine the culvert was installed correctly.

## DRIVEWAY CONNECTION PERMITS WILL NOT BE REQUIRED WHEN CONNECTING TO A PRIVATE ROAD

Date of Application: \_\_\_\_\_

Permit Fee: **\$53.00**

**Make checks payable to: Jefferson County Board of County Commissioners**

### REQUIRED INFORMATION:

Owner Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Driveway 911 Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Parcel Tax ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Prop ID #: \_\_\_\_\_

Purpose of driveway (CHECK ONE):  Residential,  Commercial,  Development

If a new Development, approved name of new road: \_\_\_\_\_

1. Attach a recorded copy of the warranty deed.
2. Draw or attach a simple location map.
3. Stake the middle of proposed driveway with **WHITE** flagging material.

**Notify the Road Department at least 24 hours prior to requested date of inspection:**

**Jefferson County Road Department  
850-997-2036**

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Written directions from Courthouse Circle to Proposed driveway location:

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**DRAW MAP BELOW**

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## AGENT AUTHORIZATON FORM

I/WE, (PRINT PROPERTY OWNER NAME) \_\_\_\_\_,  
AS THE OWNER(S) OF THE REAL PROPERTY DESCRIBED AS FOLLOWS:

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parcel Tax ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Prop ID #: \_\_\_\_\_

Project Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DO HEREBY AUTHORIZE TO ACT AS MY/OUR AGENT (PRINT AGENT'S NAME), \_\_\_\_\_,  
\_\_\_\_\_, TO EXECUTE ANY PETITIONS OR OTHER  
DOCUMENTS NECESSARY TO AFFECT THE APPLICATION APPROVAL REQUESTED AND TO APPEAR ON  
MY/OUR BEHALF BEFORE ANY ADMINISTRATIVE OR LEGISLATIVE BODY IN THE COUNTY CONSIDERING  
THIS APPLICATION AND TO ACT IN ALL RESPECTS AS OUR AGENT IN MATTERS PERTAINING TO THE  
APPLICATION.

State of Florida  
County of \_\_\_\_\_

Pursuant to Section 117.05(13)(a), Florida Statutes, the forgoing instrument was sworn to (or affirmed)  
and subscribed before me by means of physical presence, this \_\_\_\_\_ day, of \_\_\_\_\_ month,  
20\_\_\_\_\_, by \_\_\_\_\_.

Personally Known  
OR

Produced Identification

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public-State of Florida)

\_\_\_\_\_  
(Name of Notary Typed or Printed)

(Seal)

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_