



CITY OF HOLLYWOOD, FLORIDA

DEPARTMENT OF DEVELOPMENT SERVICES

P. O. Box 229045 · HOLLYWOOD, FLORIDA 33022-9045
PHONE: (954) 921-3900 · FAX: (954) 921-3416 · WWW.HOLLYWOODFL.ORG

PLAT AND SUBDIVISION REGULATIONS APPLICATION

PETITIONER:

Petition # _____

(Please Print legibly or type)

Petitioner's Name: _____

Address: _____

Phone Number:(_____) _____ Fax Number:(_____) _____

Cell Number:(_____) _____ Alternate Number:(_____) _____

Email: _____

Relationship to Subject Property: Owner Agent: _____

SUBJECT PROPERTY:

Address: _____

Legal Description: _____

PURPOSE OF APPLICATION:

- | | | |
|--------------------------|-----------------------------------|------------|
| <input type="checkbox"/> | Plat Amendment/Delegation Request | \$945.00 |
| <input type="checkbox"/> | Plat | \$2,395.00 |
| <input type="checkbox"/> | Vacation of Roads and Easements | \$3,088.00 |

PETITIONER'S STATEMENT:

The undersigned states that all information given herein and in support of this petition is complete, factual and true.

Petitioner's Signature: _____ Date: _____

Failure to give all necessary information or the giving of false or misleading information shall nullify any action taken by the City in regard to this petition.

AUTHORIZATION FOR OWNER'S AGENT:

This is to certify that I am the owner of subject property described in the foregoing application to Plat and Subdivision Regulations and have authorized _____ to make and file the aforesaid application.

Owner's Signature: _____ Date: _____

Owner's Name (Print): _____

Address: _____

Phone Number:(_____) _____ Fax Number:(_____) _____

Cell Number:(_____) _____ Alternate Number:(_____) _____

Email: _____

FOR OFFICE USE ONLY

Application received by: _____ Date: _____ Total amount received: _____