



Islamorada, Village of Islands Planning & Development Services

86800 Overseas Highway, Islamorada, FL 33036
T: 305-664-6400, F: 305-664-6467

APPLICATION FOR ADMINISTRATIVE TIME EXTENSION

Pursuant to Code Chapter 30, Article IV, Division 2, Section 30-225

This application shall be filed on or before the expiration of the time periods established for the related development permit.

An application must be deemed complete and in compliance with the Village Code by Staff prior to the items being scheduled for review. **See below for a list of required submittals and documents.**

APPLICANT / AGENT (if applicable): Property owner must submit a **notarized** letter authorizing the applicant/agent to act on their behalf including the agent's name, address, and phone number.

Name: _____

Mailing Address: _____

Primary Phone: _____ Fax: _____

Email: _____

PROPERTY OWNER:

Name: _____

Mailing Address: _____

Primary Phone: _____ Fax: _____

Email: _____

LEGAL DESCRIPTION OF PROPERTY: If in metes and bounds, attach legal description on separate sheet.

Physical Address: _____ Mile Marker: _____

Lot: _____ Block: _____ Subdivision: _____

Plantation Key Windley Key Upper Matecumbe Key Lower Matecumbe Key

Real Estate (RE) Number: _____ Alternate Key: _____

RELATED DEVELOPMENT PERMIT:

Development Permit Type / Number: _____

Resolution Number (if applicable): _____

Last Day to Receive Next Development Permit and Commence Development: _____

BACKGROUND INFORMATION:

Has a documented, government-caused delay occurred? Yes (attach full documentation) No

If yes, please describe: _____

List any previous Applications for Administrative Time Extensions for the related development permit, including the date submitted, development permit number and reason for the application: _____

List any other pending applications for development permits on the property: _____

Are there currently any Village-imposed code violations or outstanding liens or fines on the property? Yes No

ADMINISTRATIVE TIME EXTENSION CRITERIA:

In reviewing applications for administrative time extensions, the Director of Planning and Development Services shall consider the following factors. Please provide your responses on an additional sheet of paper if necessary.

- a. Please describe attempts by the applicant to complete the unfulfilled condition or time limitation: _____

- b. Please explain if and how other parties rely on the timely performance of the development activity: _____

- c. Please describe any changed circumstances that have interfered with the ability of the property owner to meet the time certain requirement: _____

- d. Please describe actions of other parties that may have precluded compliance: _____

- e. Please explain the existence of extraordinary mitigating factors: _____

REQUIRED SUBMITTALS: All of the following must be submitted in order to have a complete application.

- Copy of recorded Development Permit or Village Council Resolution**
- Proof of ownership** e.g. warranty deed, lease or pending sale contract.
- Notarized agent authorization letter**, if applicable, including the agent’s name, address and phone number authorizing the applicant/agent to act on all property owners’ behalf.
- Property record card** from the Monroe County Property Appraiser.

If deemed necessary to complete a full review of the application, the Planning and Development Services Department reserves the right to request additional information.

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate. I certify that all information required has been provided.

Digital signatures do not require notarization when they can be verified by a Trusted Certificate issued by a third-party Certificate Authority. If you are not using a “verifiable digital signature”, print this document and have it notarized.

Signature of Applicant

Date

Print Name: _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me by means of _____ physical appearance or _____ online notarization, this _____ day of _____, 20____, by _____ (name of person signing the application) as _____ (type of authority e.g. officer, manager / member, trustee, attorney in fact) for _____ (name of entity or party on behalf of whom application was executed).

Signature of Notary Public

SEAL:

- Personally Known
- Produced Identification

Type of ID _____