

## CONSTRUCTION TIME EXTENSIONS CHECKLIST



**TOWN OF LAUDERDALE-BY-THE-SEA, FLORIDA**  
**Department of Development Services**  
**4501 N. Ocean Boulevard Lauderdale-By-The-Sea, FL 33308**  
**Phone: 954-640-4210 Fax: 954-640-4654**  
**Email: [Planning@LBTS-FL.gov](mailto:Planning@LBTS-FL.gov)**  
**[www.LBTS-FL.GOV](http://www.LBTS-FL.GOV)**

### **CONSTRUCTION TIME EXTENSION**

In accordance with the Town of Lauderdale-By-The-Sea Code of Ordinances Section 6.12– Construction Time Extension, the following is a list of the required documentation required for development approval of a Construction Time Extension application.

#### **Items for Submittal:**

- Fee for Construction Time Extension (See Fee Schedule)
- A completed Development Application signed and notarized
- Copy of approved Development Order or other approval stating the time to complete construction
- Completed response to the question on Page 2 of this Application
- Two (2) hard copies of a site plan (as applicable)
- Two (2) hard copies of architectural elevations (as applicable)
- Upon resubmittal of the plans, include a letter response to the Town comment. This is done by providing the comment received from the Town followed by a response by the applicant
- Digital copies of the above referenced documents – via email, disk or thumb drive



Application #: \_\_\_\_\_

BTR#: \_\_\_\_\_



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**DEVELOPMENT APPLICATION**

In accordance with Section 30.111-30.113 of the Town's Unified Land Development Regulations: Development applications are required to be provided before any development permit is issued. Please refer to the Town's website to obtain a copy of the corresponding Application Checklist. Please also refer to the Fee Schedule, updated annually by the Town, as provided on the website which will indicate the cost per application type. Please check the development approval being requested:

- Abandonment
- Administrative Adjustment-Level 1
- Administrative Adjustment-Level 2
- Architectural Review-Preliminary
- Architectural Review-Final
- Bicycle Racks
- Conditional Use
- Conditional Use Amendment-Level 1
- Conditional Use Amendment-Level 2

- Conditional Use-Sign
- Conditional Use-Transfer Fee
- Construction Time Extension
- Development Order Extension
- Encroachment Application
- Landscape Plan
- Landscape Plan Amendment
- Parking Reduction-Level 1
- Parking Reduction-Level 2

- Preliminary Site Plan
- Sidewalk Cafe
- Sidewalk Cafe Modification
- Site Plan
- Site Plan Modification-Level 1
- Site Plan Modification-Level 2
- Tree Removal
- Variance-Single Family
- Variance - Other
- Other \_\_\_\_\_

**Based on approval being requested, refer to the corresponding checklist and supplemental requirements.**

Project Name: \_\_\_\_\_ Folio Number(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Block(s): \_\_\_\_\_ Lot(s): \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Address of Property Owner: \_\_\_\_\_

Property Owner's Phone Number: \_\_\_\_\_ Property Owner's Email Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Address of Applicant: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_ Applicant Email Address: \_\_\_\_\_

Name of Agent (e.g. Contractor) Representing the Project: \_\_\_\_\_

Agent's Address: \_\_\_\_\_ - \_\_\_\_\_ Agent's Phone: \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Land Use Plan Designation: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Existing/Type of Use of the Subject Property: \_\_\_\_\_

Proposed Use of the Subject Property: \_\_\_\_\_

As applicable, answer the following:

Existing Number of Units: \_\_\_\_\_ Proposed Number of Units: \_\_\_\_\_

Existing Square Footage: \_\_\_\_\_ Proposed Square Footage: \_\_\_\_\_



**DEVELOPMENT APPLICATION SIGNATURE PAGE**

Print Name of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_

State of Florida: \_\_\_\_\_

County: \_\_\_\_\_

SWORN AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

The person signing is \_\_\_\_\_ personally known to me or \_\_\_\_\_ has produced identification \_\_\_\_\_

Print Notary Name: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Applicant: \_\_\_\_\_

State of Florida: \_\_\_\_\_

County: \_\_\_\_\_

SWORN AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

The person signing is \_\_\_\_\_ personally known to me or \_\_\_\_\_ has produced identification \_\_\_\_\_

Print Notary Name: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY:**

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

Date Application found complete: \_\_\_\_\_

Pre-Application meeting date: \_\_\_\_\_

Non-refundable Application Fee: \_\_\_\_\_

Cost Recovery Fee: \_\_\_\_\_