

County Administrator
Robert Weisman



Palm Beach County Zoning Division
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AFFIDAVIT OF UNDERSTANDING FOR CONCURRENT REVIEW

INSTRUCTIONS: To be completed by the property owner(s) / agent at time of application.

Project Name: _____ **Submittal Date:** _____

Control Number: _____

Property Address: _____

Property Control Number(s) _____

I hereby certify that I, as property owner / agent / project manager, will abide by and agree with the stipulations included in this document related to the Simultaneous Review Process. I certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related application material and all attachments become official records of the Planning, Zoning and Building Department and the Engineering and Public Works Department of Palm Beach County, Florida, and will not be returned. I understand that any knowingly false, inaccurate or incomplete information provided by me will result in the denial, revocation or administrative withdrawal of this application, request, approval or permit. I further consent to Palm Beach County to publish, copy or reproduce any copyrighted documents submitted as a part of this application for any third party.

As a part of the Simultaneous Review Process I agree to the following:

- 1) To meet with staff during a mandatory pre-application meeting to review all requirements;
- 2) To have a design team (engineer, contractor, architect, landscape architect, planner, surveyor, etc) assembled prior to application submittal; and,
- 3) To appoint a Project Manager to coordinate responses from all applicable reviewing agencies. The Project Manager shall be responsible for the following:
 - a. Ensuring all agency comments are addressed in a timely manner
 - b. Distributing agency review comments and responses to the design team
 - c. Ensuring plans and documents submitted by the design team are consistent with each other
 - d. Submitting revised documents
 - e. Ensuring the appropriate design team member attends necessary meetings

I understand that this process is optional and that the intent is to expedite the development review process. I further agree that significant inconsistencies or issues, failure to address issues in a timely manner, or failure to comply with the terms of this Affidavit will result in the application being remanded to the standard review process.

(Name - type, stamp or print clearly)

(Signature)

(Name of Firm)

(Address, City, State, Zip)

NOTARY PUBLIC INFORMATION:

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ (name of person acknowledging), who is personally known to me or has produced _____ (type of identification) as identification and did / did not take an oath (circle correct response).

(Name - type, stamp or print clearly)

(Signature)

My Commission Expires on: _____

NOTARY'S SEAL OR STAMP