



Extension of Time Application

Department of Planning & Community Development
 101 Old Main Street, Bradenton, FL 34205
 Ph: (941) 932-9400
www.cityofbradenton.com

CONTACT INFORMATION

Name of Property Owner: _____

Owner Address: _____ Telephone: _____

Name of Agent: _____

Agent Address: _____ Telephone: _____

Owner/Agent Email: _____

REQUIRED

PROPERTY INFORMATION

Property Address: _____

Parcel ID: _____ Acreage: _____

Zoning District: _____ Future Land Use: _____
*click to view [Zoning map](#) *click to view [FLU map](#)

Ward #: _____ Neighborhood #: _____
*click to view [Ward map](#) *click to view [Neighborhoods map](#)

REQUIRED

EXTENSION TYPE

Select Type of Extension Requested:

Preliminary PDP	Final PDP
Preliminary Subdivision Plan	Final Subdivision Plan
Service Capacity	

REQUIRED

MATERIALS FOR REVIEW

Before submitting an application to the City of Bradenton, please check with the Planning & Community Development Department to verify all essential information for review is present. Incomplete applications will delay the review process.

- ▶ Extension of Time Application
- ▶ Application Fee: \$200
- ▶ Notarized Agent Authorization Form, if applicable
- ▶ Two (2) copies of Letter of Request (include original or any previously approved extensions)
- ▶ One (1) electronic copy in pdf format of Application and all required support materials

**** CITY COUNCIL APPROVED EXTENSIONS ARE VALID FOR ONE (1) YEAR****

REQUIRED

SIGNATURE

The owner of this property and/or the undersigned agree to conform to all applicable laws of the City of Bradenton and to all applicable Federal, State, and County laws.

 Signature of Owner/Applicant Date

REQUIRED

CITY STAFF ONLY

Application Fees: Fee Required: \$200	Application Sufficiency: Sufficient: <input type="checkbox"/>
FEE COLLECTED: \$ _____	Incomplete: <input type="checkbox"/> _____
RECEIPT #: _____	APPLICATION #: _____

CITY STAFF ONLY

CITY COUNCIL: _____
 REVIEW DATES - TO BE COMPLETED BY CITY STAFF



Agent Authorization Form

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PLANNING & ZONING AGENT AUTHORIZATION FORM

Property Address: _____

I, _____, the registered property owner(s) of the above noted property, do hereby authorize

to act on my behalf and take all actions necessary for the processing, issuance and acceptance of this permit or certification and any and all standards and conditions applicable.

STATE OF FLORIDA, MANATEE COUNTY

The Foregoing instrument was acknowledged before me this ____ day of _____,

produced _____ respectively, as

as identification and who did (did not) take an oath:

_____, Notary Public

Print Name

State of Florida

My Commission Expires: _____