



City of Green Cove Springs Site Plan Application

FOR OFFICE USE ONLY

P Z File # _____

Application Fee: _____

Filing Date: _____ Acceptance Date: _____

Review Type: SRDT ☐ P & Z ☐ CC ☐

A. PROJECT

1. Project Name: PRELUDE Commercial and residential development
2. Address of Subject Property: 310 Orange ave
3. Parcel ID Number(s): 38-06-26-017311-000-00,017310,017312,017313
4. Existing Use of Property: Vacant
5. Future Land Use Map Designation: Soon to be DBD
6. Zoning Designation: Soon to be DBD
7. Acreage: 53,400

B. APPLICANT

1. Applicant's Status ☐ Owner (title holder) ☐ Agent
2. Name of Applicant(s) or Contact Person(s): Kelly Hartwig Title: PM
Company (if applicable): Cypress Management and Design
Mailing address: P O Box 8880
City: Fleming Island State: FL ZIP: 32006
Telephone: () 904-759-9576 FAX: () _____ e-mail: _____
3. If the applicant is agent for the property owner*:
Name of Owner (title holder): Brian and Jennifer Knight
Company (if applicable): _____
Mailing address: 687 Author Moore Dr
City: Green Cove Springs State: FL ZIP: 32043
Telephone: () _____ FAX: () _____ e-mail: _____

* Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.

C. ADDITIONAL INFORMATION

1. Is there any contract for sale of, or options to purchase the subject property? ☐ Yes ☐ No
If yes, list names of all parties involved: _____
If yes, is the contract/option contingent or absolute? ☐ Contingent ☐ Absolute

6. Fee.

a. Based on size of site:

- i. For sites <10,000 s.f. - \$500
- ii. For sites >10,000 s.f.- \$1,000 + \$20 per acre

b. All applications are subject 10% administrative fee and must pay the cost of any outside consultants' fees.

No application shall be accepted for processing until the required application fee is paid in full by the applicant. Any fees necessary for technical review or additional reviews of the application by a consultant will be billed to the applicant at the rate of the reviewing entity. The invoice shall be paid in full prior to any action of any kind on the development application.

All 6 attachments are required for a complete application. A completeness review of the application will be conducted within five (5) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of Florida County of Clay

The foregoing application is acknowledged before me this 20th day of September, 2021, by _____

Kelly Hartwig, who is/are personally known to me, or who has/have produced Fl. D.L.
as identification.

NOTARY SEAL



Signature of Notary Public, State of Florida