

TOWN OF HIGHLAND BEACH DEVELOPMENT APPROVAL APPLICATION

Application #___

I request a hearing regarding the terms of the Zoning Ordinances of the Town of Highland Beach. This request relates to the property and zoning requirements set forth in this application.

PROPERTY INFORMATION ASSOCIATE	D WITH THIS APPLICATION				
Address: 1124 HIGHLAND BEACH DR, HIGHLAND BEACH, FL 33487 Full Legal Description of the Property [as described in the deed] or reference		PCN: 24-43-47-04-02-002-0084			
BEL LIDO LT B (LOSS TH PT K/A	HNITS 1 to 3) BLKZ	e to an attachment:			
Zoning District: RML	What is the location of the installation? □ Intracoastal Waterway (ICW) Interior Canal/Basin □ N/A				
PROPERTY OWNER (APPLICANT) INFOR					
Name: BEL LIDO VILLAS PROPERTY DWNERS ASSOCIATION,	INC Phone: 561-272-16	34 Fax:			
Mailing Address: HIGHLAND BEACH DR Email Address: RMENDELSON @ BELL	#1 HICHLAND BEACH EI	33487			
APPLICANT'S AGENT INFORMATION					
Name: RIAMAN NI MENDERCON	Phone: 561-272-1	1.84 Fax:			
company Name: N/A					
Mailing Address: 124 HIGHLAND BEACH DR. Email Address: RMENDELSON @ BELLSO	#1, HIGHVAND BEACH, F	1 33487			
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Provide a detailed description of the project application (use additional pages if necessary):

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PER PLANS AND DRAWINGS ATTACHED.

I give permission to the members of the Town Commission, Planning Board and staff to inspect the property for the purpose of this application. I declare that all statements made herein are true, based upon the best available information. Willful false statements may jeopardize the validity of my application or any decision issued thereon. I have fully read the information outlining the Board procedures and application requirements. With this application, I am submitting the necessary supporting materials listed.

Applicant's Signature: Richard M. Mulling Secy Date: 12/5/21

Received by the Town Clerk's Office:

Received By:_____

Date: _____

Date Public Notices Mailed:

Date Legal Advertisement Published: