



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 ASSOCIATED WITH THIS APPLICATION	
Address: 1005 Russell Dr.	PCN: 244347 04030000231
Full Legal Description of the Property [as described in the deed] or reference to an attachment: Highland Beach Isles Lot 23 + 24 KA COMMON PROPERTY	
Zoning District: RML multi family low density 24 highland beach	What is the location of the installation? <input type="checkbox"/> Intracoastal Waterway (ICW) <input checked="" type="checkbox"/> Interior Canal/Basin <input type="checkbox"/> N/A

PROPERTY OWNER (APPLICANT) INFORMATION	
Name: Villa Del Alto prop owner	Phone: 561-441-4988 Fax:
Mailing Address: 1005 Russell Dr #4 Highland Bch, Fl 33487	
Email Address: wolftick@aol.com	

APPLICANT'S AGENT INFORMATION	
Name: Bill Thomas	Phone: 954-532-0129 Fax:
Company Name: Unlimited Permut Svc	
Mailing Address: 902 NE 1 St #2 Pompano Bch, Fl 33060	
Email Address: williamr@unlimitedps.net	

Provide a detailed description of the project application (use additional pages if necessary):

12'5" x 4' composite Dock 17' x 13' composite Deck

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.

XXXXX

Applicant's Signature: Jerry A. Wolff Date: 2/22/21

Received by the Town Clerk's Office:

Received By: _____ Date: _____

Date Public Notices Mailed: _____

Date Legal Advertisement Published: _____



TOWN OF HIGHLAND BEACH

Building Department 3616 South Ocean Blvd., Highland Beach, Florida 33487
Website: www.highlandbeach.us Phone: 561-278-4540 Fax: 561-278-2606

AUTHORIZED AGENT AFFIDAVIT

I, Jerry A. Wolff, the Property owner, hereby grant authorization to William Thomas, Authorized Agent, to act in my behalf with the Town of Highland Beach Building Department while conducting activities related to a development application request.

I Jerry A. Wolff, Property Owner, relieve the Town of Highland Beach of, and agree to hold the Town of Highland Beach Building Department harmless from, any and all responsibility, claims or other actions arising from or related to the Department's acceptance of the above agent's signature for development application-related activities. I further understand that it is my sole responsibility to grant and terminate any such authorization and to ensure that the Department receives timely notice of any such grant or termination.

Jerry A. Wolff
Signature of Property Owner

[Signature]
Signature of Authorized Agent

PLEASE NOTE: BOTH SIGNATURES MUST BE NOTARIZED

Notary for Property Owner Signature:

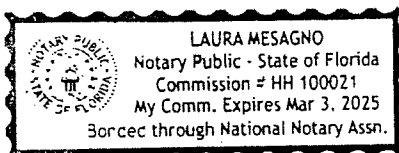
State of Florida

County of Broward

The foregoing was acknowledged before me this 12 day of Mar, 2021,
by _____,
who is personally known to me, or who produced DL 440-44-49-46-5
as identification.

Laura Mesagno
Notary Public Signature

Laura Mesagno
Print, Type, or Stamp Name of Notary



Notary for Authorized Agent's Signature:

State of Florida

County of Broward

The foregoing was acknowledged before me this 9 day of Dec, 2021,
by William Thomas who is personally known to me, or who produced _____
as identification.

Christine M. Calcanes
Notary Public Signature

Christine Calcanes
Print, Type, or Stamp Name of Notary



CHRISTINE M. CALCANES
Commission # GG 939048
Expires January 9, 2024
Bonded Thru Budget Notary Services