

TOWN OF HIGHLAND BEACH DEVELOPMENT ORDER APPROVAL APPLICATION

PROPERTY INFORMATION ASSOCIATED WHITEHIS APPLICATION				
Address: 324 3 OCA TOUL Full Legal Description of the Property [as described in the deed] or refere	PCN:	-43-4	6-	33-08-001-0010
Full Legal Description of the Property [as described in the deed] or refere	nce to an	attachmo	ent:	
Sengerte of higherel Conclomment Rec Zoning District: What is the location of the in Highlanel Bench Thiracoastal Waterway (ICW	Ara	2 N :		·
Zoning District: What is the location of the in	stallation	?	170	
) lnte	rior Cana	I/Ba	ISIN DN/A
TREORDER OF THE CANADAM PROPERTY OF THE PROPER				
Name: SengATE of Highlian Confunition Inc. Phone: 6464131	643	Fax:		
Mailing Address: 3224 Society Block Highland	Berch	FIR	1	3487
Email Address: Stanfella AJG Gnant-Com				
APPEICANL'S ACTUME INFORMATION.				
Name: Anthony SANTE//A Phone: 646 4/3	1643	Fax:		
Company Name: SEA-Cate of High Concl Inc	_			
Mailing Address: 3224 SOCEAH Blud Highlan Email Address: SANTENA-GIOGEMAIL-COM	acl BC	121	3	3487
Email Address: SANTENA-GIOGMOUL-COM		, , , ,		
3 " /				
Provide a detailed description of the proposed project (use additiona)	pages if	necessa	ry):	
Install # - 10-12" × 20' wood piles Support Rasting Dock	Arel	Fran	is	8 to 1
Support Kristing Dock				
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I give permission to the members of the Town Commission, Planning Bosthe purpose of this application. I declare that all statements made herein information. Willful false statements may jeopardize the validity of my application requirements. The necessary supporting materials listed. Property Owner's Signature: Property Owner's Printed Name Additional Commission, Planning Bost the purpose of this application. I declare that all statements made herein information. Willful false statements may jeopardize the validity of my application requirements. The necessary supporting materials listed. Property Owner's Printed Name Additional Commission, Planning Bost the purpose of this application. I declare that all statements made herein information. Willful false statements may jeopardize the validity of my application requirements. Date of this application outlining the application requirements. Date of this application outlining the application requirements.	are true,	based up or any de	on the bes	st availabled thereor	e n.
Received by the Town Clerk's Office:	-				
Received By:	Date: _				
Date Public Notices Mailed:	-				
Date Legal Advertisement Published:					