



VILLAGE OF TEQUESTA  
 Planning and Zoning Department  
 345 Tequesta Drive  
 Tequesta, FL 33469  
 Phone: 561.768.0451  
 Fax: 561.768.0698

Ck. #	_____
Rec. #	_____
Date:	_____

**APPLICATION FOR CONCEPTUAL PRESENTATION  
 TO VILLAGE COUNCIL**

**PETITION NUMBER (For Office Use Only):** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

**ZONING DESIGNATION:** \_\_\_\_\_

**Estimated Project Cost:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**Applicant's Phone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Cell No.:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Property Owner's Name:** \_\_\_\_\_

**Property Owner's Address:** \_\_\_\_\_

**Property Owner's Phone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Cell No.:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**DESCRIPTION OF WORK:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Application Fee: \$500.00.**

**Digital copies of the application must be emailed to the Community Development Department.**

The applicant will submit to the Village of Tequesta Planning & Zoning Department, the following documents for Village Council, **Thirty-(30) days** prior to the meeting date:

- 1) Five (5) sets of plans 11x17 size.
- 2) Three (3) full size sets of plans.
- 3) Any other documents that may help clarify the purpose of the conceptual presentation.

\_\_\_\_\_  
 APPLICANT NAME (PRINT)

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE

**NOTE: All renderings, models, drawings, photos, etc., submitted to the Village will become the property of the Village of Tequesta.**