



CITY OF Boca Raton

DEVELOPMENT SERVICES
 201 WEST PALMETTO PARK ROAD • BOCA RATON, FL 33432
 PHONE (561) 393-7789
 FAX: (561) 393-7784
 (FOR HEARING IMPAIRED) TDD (561) 367-7043
www.myboca.us

CAB - Community Appearance Board Application

The CAB meets weekly on Tuesday at 6:30 PM in the Boca Raton Community Center Annex Building, 260 Crawford Blvd., Boca Raton to review plans for all new and/or modified sign, landscaping and exterior building improvements and alterations.

Application Type	
Application Type (Check Box)	Required Fee and Submittal
Preliminary Consultation <input type="checkbox"/> This review provides applicants with an opportunity for preliminary consultation and an introduction of a project to the CAB. <i>Final Review is still required.</i>	\$150 Due at time of application submittal. For new buildings and larger projects, please submit plans on one (1) CD or flash drive with all documents/plans in pdf format for distribution to the CAB at least one week before your scheduled meeting. <i>Final Review Fee is due upon submission of the building permit application.</i>
IDA/PMD/SCV Recommendation <input type="checkbox"/> This review provides applicants a recommendation for the CRA and City Council.	\$150 Due at time of application submittal. For new buildings and larger projects, please submit plans on one (1) CD or flash drive with all documents/plans in pdf format for distribution to the CAB at least one week before your scheduled meeting.

Scope of Work

Check all that applies:

New Building <input type="checkbox"/>	Building Alteration <input type="checkbox"/>	Landscaping <input type="checkbox"/>	Other <input type="checkbox"/>
Please provide a brief description of the proposed work: Address: _____			



Applicant's Agent (if acting as authorized agent of a business entity):

Name: _____ Phone: _____
Address: _____ Email: _____
Signature: _____

Relationship of Applicant to Owner:

Owner (If different from Applicant):

Name: _____ Phone: _____
Address: _____ Email: _____
Signature: _____

Representative

Company: _____ Phone: _____
Address: _____ Email: _____
Signature: _____

Items to bring for your CAB Presentation

- Five sets of plans/renderings to be presented
- Narrative of the scope of work
- Any paint and/or material samples (if applicable)
- Photos of existing building (if applicable)



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AUTHORIZED AGENT FORM

I, _____ as owner of _____
print name of owner print property address

do hereby authorize _____ to act as my agent in submitting
print name of authorized agent

development applications to the City of Boca Raton. I understand that I am the owner of record

responsible for the development applications submitted by my agent referenced above. I

further understand that each time my agent submits an application or signs any required

documents, that the individual must exhibit this authorization form at the discretion of Planning

and Zoning staff.

The Owner's Signature Is to Be Notarized

X

Owner's Signature

Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____,
20 ____, By _____, who is personally known to me () or has provided the following
identification _____

Notary Public Signature _____ Notary Public Stamp Here