

CONDITIONAL USE APPLICATION

Fee: \$ 450.00

APPLICANT NAME:		
MAILING ADDRESS:		
PHONE:	EMAIL:	
OWNER'S NAME (if different from a	applicant):	
MAILING ADDRESS:		
MAILING ADDRESS:PHONE:	EMAIL:	T .
PARCEL#:	<u> </u>	
STREET ADDRESS/LOCATION:		
FUTURE LAND USE DESIGNATION:		
ZONING DISTRICT:		
DESCRIPTION OF PROPOSED USE:		
PLEASE SUBMIT YOUR APPLICATION	N ACCURATELY WITH ALL RE	EQUIRED ATTACHMENTS.
I understand that is not an applicat development to occur.	ion for a development orde	r. Other approvals are necessary for
SIGNATURE OF OWNER	2 / /	DATE
SIGNATURE OF APPLICANT		DATE



Required Attachments:

- 1. Copy of current recorded deed.
- 2. Two (2) signed and sealed boundary surveys certified by a Florida-licensed PLS within one (1) year of the filing of the application reflecting all improvements, easements, and conditions on the property. Size in acreage or square feet must be stated on the survey.
- 3. Two (2) copies of a site plan that depicts the elements of the proposed conditional use consistent with the requirements of Chapter 5.
- 4. Full-size PDF copies of the above on a compact disc, thumb drive or email (provided under separate cover).