

Application for Zoning Action, Comprehensive Plan Amendment, or Variance

Applications must be submitted in person. Please call 321-633-2070 for an appointment at least 24 hours in advance. Mailed, emailed, or couriered applications will not be accepted.

PZ #

Existing FLU:	Existing Zoning:	
EXISTING FLU [*]	EXISTING Z ONING	

Proposed FLU: ______ Proposed Zoning: _____

PROPERTY OWNER INFORMATION

If the owner is an LLC, include a copy of the operating agreement.

Name(s)		Company		
Street	City		State	Zip Code
Email		Phone	Cell	
APPLICANT INFORMA	TION IF DIFFERENT		ER:	
Attorney Agent		Contract Purchaser		Other
Name(s)		Company		
Street	City		State	Zip Code
Email		Phone	Cell	

APPLICATION NAME

Large Scale Comprehensive Plan Amendment (CP) (greater than 50 acres)

Small Scale Comprehensive Plan Amendment (CP) (less than 50 acres)

Text Amendment (CP): Element _____

Other Amendment (CP): Name _____

Rezoning Without CUP (RWOC)

Combination Rezoning and CUP (CORC)

Conditional Use Permit (CUP)

Binding Development Plan (BDP)

Binding Development Plan (BDP) (Amendment)

Binding Development Plan (BDP) (Removal)

Variance(s) (V) (building permits will not be approved until 30 days after the date the order is signed)

Administrative Approval of Setbacks, Lot Size, or Accessory Structures

Administrative Approval of Flag Lot or Easement

Administrative Approval of On-Premises Consumption of Alcoholic Beverages for Restaurants / Snack Bars

Other Action: Name _____

Acreage of Request:	
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Reason for Request:

The undersigned understands this application must be complete and accurate prior to advertising a public hearing:

I am the owner of the subject property, or if corporation, I am the officer of the corporation authorized to act on this request.

I am the legal representative of the owner of the subject property of this application. (Notarized Authorization to Act must be submitted with application)

An approval of this application does not entitle the owner to a development permit.

For Variances, I understand that building permits will not be approved until 30 days after the date the order is signed, in order to comply with the appeal procedure.

I certify that the information in this application and all sketches and data attached to and made part hereof are true and accurate to the best of my knowledge.

Signature of Property Owner or Authorized Representative		Date		
State of				
County of	-			
Subscribed and sworn before me, by	physical presence or	online notarization,		
this day of,	_, 20, personally appea	ared		
	, who is personally known to me or produced			
as ident	ification, and who did / did ne	ot take an oath.		

Notary Public Signature

Seal

Office Use Or	ıly:				
Accela No	Fee:		Date Filed: _		District No.
Tax Account N	lo. (list all that ap	ply)			
Parcel I.D. No					
Twp R	<u></u>	<u></u>			-
	-				
Planner:		Sign Issued to:		_ Notification	Radius:
MEETINGS		DATE		TIME	
P&Z			-		
PSJ Bo	ard		_		
NMI Bo	ard		_		
LPA			_		-
BOA			_		-
BCC			_		
Wetland surve	y required by Na	tural Resources	Yes	No	Initials
Is the subject property located in a JPA, MIRA, or 500 feet of the Palm Bay Extension?					
Yes	No	lf yes, list			
Location of su	bject property:				
Description of	Request:				