

ZONING FORM FOR SITE PLAN SUBMITTAL

- Please make an appointment with a planner to have this form completed, 321-633-2070.
- Please be prepared to leave a copy of the plan and this form to retrieve at a later date.

Project Name _____ Project # _____

Township Range Section SD# Block Lot(s) Parcel(s)

Site Address (if applicable) _____

Applicant's Name _____

Address _____ Phone _____

_____ Fax _____

Owner's Name _____

Address _____

Proposed Use _____

Office Use Only

Current Zoning: _____ Zoning Resolution #(s) _____

BDP: _____

Variance: _____ Surrounding Property Zoning Classifications:
N _____ S _____ E _____ W _____

CUP: _____

Future Land Use: _____ Joint Planning Area: _____

Permitted in existing zoning classification. Subject to section: _____

Permitted use in existing zoning classification with conditions found in section(s):

NOT PERMITTED WITHOUT A ZONING ACTION: _____

This form does not guarantee that a zoning action or variance will not be required for approval of your project. This form does not represent a complete review of your plans, does not establish a right to develop the property and does not constitute a waiver to any other applicable land development regulations. At the time of development, this property will be subject to all such regulations.

(Zoning Staff Signature)

(Date)