



CITY OF HAINES CITY APPLICATION FOR CONDITIONAL USE

FOR OFFICE USE ONLY

APPLICATION NO.: _____ DATE: _____

FEE PAID: _____ RECEIPT NO.: _____

DATE OF HEARING ADVERTISED: _____

DATE SET FOR PUBLIC HEARING: _____

THE OWNER OR THE AGENT HAS _____, HAS NOT _____, SUBMITTED A PETITION REGARDING THE SUBJECT PROPERTY WITHIN THE LAST YEAR.

(I) (WE) _____ OF _____
Name of Owner or Authorized Representative Mailing Address

REQUEST THE CITY COMMISSION OF THE CITY OF HAINES CITY GRANT A CONDITIONAL USE BASED ON THE FOLLOWING SECTION OF THE HAINES CITY LAND DEVELOPMENT REGULATIONS:

THE DESCRIPTION OF THE SUBJECT PROPERTY IS AS FOLLOWS:

IT IS LOCATED AT _____
(STREET NUMBER LOCATION)

THE LEGAL DESCRIPTION IS AS FOLLOWS:

BLOCK: _____ LOT: _____ SUBDIVISION OF PLAT: _____

OR (IF OTHERWISE LEGALLY DESCRIBED): _____

PROPERTY SIZE: _____ ZONING DISTRICT: _____
Acres/Square Feet

PRESENT USE: _____

PRESENT STRUCTURES (TYPE AND IMPROVEMENTS UPON THE LAND):

DESCRIPTION OF PROPOSED USE:

THE PROPOSED USE WILL BE: _____

ATTACHMENTS:

1. JUSTIFICATION STATEMENT (Explanation of Proposed Use)
 2. SITE PLAN
 3. IMPACT ASSESSMENT (If Required)
 4. DEED
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AUTHORIZATION/SIGNATURE:

(I) (We), owners of the property, understand that this petition becomes a part of the permanent record of the City Commission. (I) (We) hereby certify the above statement and the statements or drawings made on/in any paper or plans submitted herewith are true and correct to the best of (my) (our) knowledge and belief.

The owner has hereby designated _____, to act as our agent in regard to this petition (To be executed when the owner designates another to act on his behalf.)

SIGNATURE OF OWNER _____

Mailing address you desire information to be sent to: _____

Name

Mailing Address

City

State

Zip

Telephone Number

Fax Number

(THIS APPLICATION MUST BE NOTARIZED IN ORDER TO BE PROCESSED.)

STATE OF FLORIDA:

COUNTY OF FLORIDA:

THE CONTENTS OF THIS PETITION ARE SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____, WHO ARE PERSONALLY KNOWN TO ME OR PRODUCED _____ AS IDENTIFICATION.

SIGNATURE OF NOTARY PUBLIC: _____

PRINTED NAME: _____

COMMISSION NUMBER: _____ **COMMISSION EXPIRES:** _____

NOTARY SEAL:

ACKNOWLEDGEMENT STATEMENT:

Please be advised that you may need a Water Allocation Agreement and/or a Utility Service Agreement regarding the providing of water to your project and should contact the Public Works Dept. at (863) 421-3777 for further information. Additionally, Sec. 10.2.2. of the Administrative and Procedures Manual provides that you will be responsible for reimbursement of any consultant fees that may be expended on your behalf by the City. These fees will be due and payable at the time the Site Work Construction or Building Permit is issued.

(Signature of Applicant)