

HAINES CITY  
APPLICATION FOR PLANNING COMMISSION ACTION

**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 \_\_\_\_\_  
Owner of Authorized Representative NAME MAILING ADDRESS

**REQUEST THAT THE PLANNING COMMISSION OF THE CITY OF HAINES CITY GRANT THE FOLLOWING REQUEST:**

Land Use Change:

\_\_\_\_\_ Small Scale Land Use Change      \_\_\_\_\_ Large Scale Land Use Change

**THE DESCRIPTION OF THE SUBJECT PROPERTY IS AS FOLLOWS:**

IT IS LOCATED AT \_\_\_\_\_  
(STREET NUMBER LOCATION)

THE LEGAL DESCRIPTION IS AS FOLLOWS: BLOCK \_\_\_\_\_

SUBDIVISION OF PLAT: \_\_\_\_\_  
OR (IF OTHERWISE LEGALLY DESCRIBED) \_\_\_\_\_

**PLEASE ATTACH COPY OF DEED.**

PROPERTY SIZE: \_\_\_\_\_ ACRES/SQUARE FEET      PRESENT Land Use CLASS: \_\_\_\_\_  
Acres/Square Feet

PRESENT USE: \_\_\_\_\_  
PRESENT STRUCTURES (TYPE) AND IMPROVEMENTS UPON THE LAND

THE PROPOSED USE WILL BE: \_\_\_\_\_

**ATTACH IMPACT ASSESSMENT IF REQUIRED:**

(I) (We), Owners of the Property, understand that this petition becomes a part of the permanent record of the Planning Commission. (I) (We) hereby certify that the above statement and the statements or showings made in any paper or plans submitted herewith are true and 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

**APPLICANT MUST ATTACH A CERTIFIED LIST OF ALL PROPERTY OWNERS & MAILING ADDRESS WITHIN THREE HUNDRED (300) FEET OF SUBJECT PROPERTY.**

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

**STATE OF FLORIDA:**

**COUNTY OF POLK:**

**THE CONTENTS OF THIS PETITION AS SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_, WHO ARE PERSONALLY KNOWN TO ME OR PRODUCED \_\_\_\_\_ AS IDENTIFICATION.**

**SIGNATURE OF NOTARY PUBLIC:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**COMMISSION NUMBER:** \_\_\_\_\_ **COMMISSION EXPIRES:** \_\_\_\_\_