

APPLICATION FOR A ZONING MAP  
ADMENDMENT

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**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.

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

**REQUEST THE PLANNING AND CITY COMMISSION OF THE CITY OF  
HAINES CITY TO GRANT THE FOLLOWING REQUEST (check one):**

**A ZONE CHANGE:**  (requested zoning district): \_\_\_\_\_

**PLANNED UNIT DEVELOPMENT:**  (specify type): \_\_\_\_\_

**MODIFICATION TO A PLANNED UNIT DEVELOPMENT:**

Major Modification:  Minor Modification:

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THE DESCRIPTION OF THE SUBJECT PROPERTY IS AS FOLLOWS:

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

THE LEGAL DESCRIPTION IS AS FOLLOWS:

SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PARCEL: \_\_\_\_\_

OR (IF OTHERWISE LEGALLY DESCRIBED): \_\_\_\_\_

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**PLEASE ATTACH COPY OF DEED.**

PROPERTY SIZE: \_\_\_\_\_ PRESENT ZONING CLASS: \_\_\_\_\_  
Acres/Square Feet

PRESENT USE: \_\_\_\_\_

PRESENT STRUCTURES (TYPE AND IMPROVEMENTS UPON THE LAND):

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THE PROPOSED USE WILL BE:

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ATTACH IMPACT ASSESSMENT IF REQUIRED: \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ N/A

(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: \_\_\_\_\_

PRINT THE NAME OF THE OWNER: \_\_\_\_\_

**CONTACT INFORMATION AS TO WHERE YOU WANT INFORMATION SENT TO:**

Contact 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 THE SUBJECT PROPERTY.**

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

**STATE OF FLORIDA:  
COUNTY OF POLK:**

**THE CONTENTS OF THIS PETITION ARE 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: \_\_\_\_\_**

**NOTARY SEAL:**