



HAINES CITY

THE HEART OF FLORIDA

Development Services
620 E. Main Street
Haines City, FL 33844
Phone (863) 421-3600
Fax (863) 419-3168
www.hainescity.com

CONDITIONAL USE – CITY COMMISSION ACTION APPLICATION

(Internal Office Use Only)

Received date: _____	Application fee: _____
Project number: _____	Check number: _____
Hearing date: _____	Newspaper Ad: _____

The owner and/or their agent has or has not, submitted a petition within the last year.

_____ has

_____ has not,

(I), (We), _____

of: _____

Request that the City Commission of Haines City, grant a “Conditional Use” based on the following section of the Haines City Land Development Regulations (LDR’s)

LEGAL DESCRIPTION

The property is located at:

Parcel identification number or numbers:

Block number: _____ Lot number: _____ Lot size: _____

Subdivision name: _____

Or (if otherwise legally described):

Property size (acres and/or square feet): _____ Present zoning class: _____

Present use:

Present structures (type improvements upon the land):

DESCRIPTION OF PROPOSED USE

The proposed use will be:

Proposed zoning class will be: _____

ATTACHMENTS

- _____ Justification Statement (explanation of proposed use)
- _____ Impact Assessment (if required)
- _____ Site Plan (required)
- _____ Deed (required)

INFORMATION TO BE PROVIDED TO THE PERSON/COMPANY

Company name: _____

Company address: _____

Company office phone: _____

Contact name: _____

Contact email address: _____

Contact cell phone: _____

AUTHORIZATION / SIGNATURE

(I), (We), the 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 statement 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 the below signed person to act as his/her agent regarding to this petition.

(to be executed when the owner designates another to act on his behalf)

Signature of owner: _____

Printed name of owner: _____

Date signed by owner: _____

Signature of agent: _____

Printed name of agent: _____

Date signed by agent: _____

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 you should contact the Utility Department for further information. Additionally, Sec. 10.2.2 of the *Administrative and Procedures Manual* provides that you will be responsible for the reimbursement of any consult fees that may be expend on your behalf by the City. These fees will be due and payable at the time of the Site Work Permit or when a Building Permit is issue.

Signature applicant: _____

Printed name of applicant: _____

Date signed by applicant: _____

APPLICATION MUST BE NOTARIZED IN ORDER TO BE EXECUTED

STATE OF FLORIDA

COUNTY OF POLK

THE CONTENTS OF THIS PETITION; ARE SWORN AND SUBSCRIBED
BEFORE ME THIS _____ DAY OF _____, 2019,
WHO ARE PERSONALLY KNOWN TO ME OR HAVE PRODUCED
_____ AS IDENTIFICATION.

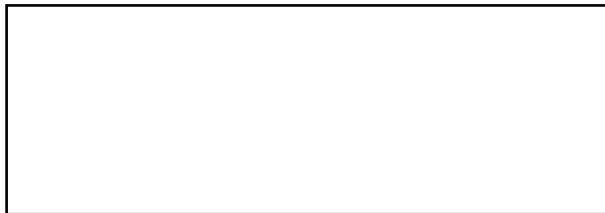
SIGNATURE OF NOTARY PUBLIC:

PRINTED NOTARY PUBLIC NAME:

COMMISSION NUMBER:

EXPIRATION DATE:

NOTARY SEAL:



Signature of applicant:

Print name of applicant:

Date signed by applicant:

Driver's license number of the applicant:
