

**CITY OF MINNEOLA, FLORIDA
ZONING MAP AMENDMENT
WITH
COMPREHENSIVE PLAN AMENDMENT
APPLICATION**

___ **Small Scale Comp Plan Amendment** ___ **Large Scale Comp Plan Amendment**
(Please check one Comp Plan Amendment type above)

Applicant Name: _____

Applicant Address: _____

Applicant Phone #: _____ Fax # or E-mail: _____

General Location and/or Street Address: _____

Alternate Key Number(s): _____

Owner Name: _____

Owner Address: _____

Owner Phone #: _____ Fax # or E-mail: _____

Site Area (acres or sq. ft.): _____

~~~~~ **EXISTING** ~~~~~

FLUM: \_\_\_\_\_ Zoning: \_\_\_\_\_

Potable Water Source: \_\_\_\_\_ Sewage Disposal Method: \_\_\_\_\_

Present Use & List Of Structures By Use: \_\_\_\_\_  
\_\_\_\_\_

Has this site been subject to other development applications in the last two years?

No: \_\_\_\_\_ If Yes, provide the type of action and date of final action:  
\_\_\_\_\_

~~~~~ **PROPOSED** ~~~~~

FLUM: _____ Zoning: _____

Potable Water Source: _____ Sewage Disposal Method: _____

Proposed Use: _____

Reasons for the request: _____

Adjacent Roadway Classification & LOS: _____

Estimated traffic generated by the proposed project: _____

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CERTIFICATION

I, the undersigned, do hereby certify that I have read the application and the relevant guidance material and understand the requirements described therein and that I will fully comply with all City, State and Federal regulations applicable to this project.

I understand that the application fee is non-refundable.

I further understand that I am responsible to reimburse the City for the actual advertising costs, mailing costs, AND the actual consultants' review fees, if any. Said fees shall be paid within 30 days of receipt of the City's invoice **OR** further processing of the application will cease until the invoice is paid in full.

I understand that only application packages that are determined complete by the Department will be scheduled for review.

Applicant Signature

Date

Payment Record for Office Use:

Applicant Name: _____

Application for: _____

Amount: _____ Check #: _____

Amount: _____ Check #: _____

Rec'd by: _____ Date: _____ Receipt #: _____

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**OWNER'S APPLICATION AUTHORIZATION
(Required if the property owner of record is not the applicant)**

STATE OF FLORIDA

COUNTY OF LAKE

Before me, the undersigned authority, personally appeared _____
who being by me first duly sworn on oath, deposes and says:

1. That he/she is the property owner of the subject parcel(s) in this application.
2. That he/she desires to apply for a Zoning Map Amendment and Comprehensive Plan Amendment on land generally located at (insert legal description)

3. That he/she has appointed _____ to act as agent in his/her behalf to accomplish the above.

Owner's Signature

This is to certify that on _____, 20___ before me,
an officer duly authorized to take acknowledgments in the State and County aforesaid,
personally appeared _____ he/she is
personally known to me or has produced _____ as identification
and Did (Did Not) Take an Oath.

STAMP/SEAL

Signature of Acknowledger

Acknowledger Name

Serial Number

My Commission Expires

