

WINTER HAVEN

THE CHAIN OF LAKES CITY

ZONING CHANGE APPLICATION

PLANNING DIVISION

451 Third Street, NW, Winter Haven, FL 33881

Phone: 863-291-5600 Email: planning@mywinterhaven.com

For Official Use Only:

Date Received: _____

Received By: _____

Fee Received: _____

Meeting Date: _____

CONTACT INFORMATION:

Name of Applicant/Property Owner: _____

Mailing Address: _____

Phone: _____ Email: _____

Name of Agent (if applicable): _____

Mailing Address: _____

Phone: _____ Email: _____

PROPERTY INFORMATION:

Location of Property: _____

Parcel Identification Number(s): _____

Legal Description of the Property (attach metes and bounds description if applicable):

Total Acreage: _____

Interest in the Property: _____

Current Zoning Designation: _____

Requested Zoning Designation: _____

Existing Structures on Site: _____

If Structure is Vacant, For How Long: _____

A. ADDRESS THE FOLLOWING:

1. Identify natural features and their characteristics located on or adjacent to the site including: topography, soils, natural vegetation, endangered or threatened species, wetlands, water bodies, and any other feature.

2. Identify substantial changes that have occurred in the character or development of the general neighborhood surrounding the area under consideration for rezoning.

3. List all intended uses, services, and activities proposed. For residential projects provide anticipated density, and for commercial or industrial uses identify the proposed square footage.

4. Identify the suitability of the particular uses for the site and for the general area in which the uses would be located.

5. Explain how the proposed zoning change contributes to the conservation and improvement of property values in the adjacent area and throughout the City.

6. Identify flood zones as applicable: _____

7. Identify any extraordinary water, sewer, or transportation impacts that may be created by this request.

8. Identify how the proposed use(s) of the requested zoning district comply with the intent of the particular zoning district.

9. Provide justification there is insufficient land area already zoned for uses permitted within the requested zoning district, which would serve the City population and economic activities.

B. PROJECT NARRATIVE:

C. PROVIDE THE FOLLOWING:

- General Location Map
- Flood Insurance Rate Map (FIRM)
- For Residential Zoning Requests: Attach a non-binding determination of public school availability from Polk County Public Schools

Note: Applicants may be required to provide additional material regarding the proposed zoning request in order to determine any impacts of the zoning change.

Ownership Signature

(I) (WE) _____ being duly sworn, depose and say that (I) (WE) own one of more of the properties involved in this petition and that (I) (WE) have familiarized (myself) (ourselves) with the rules and regulations with respect to preparing and filing this petition and that the foregoing statements and answers herein contained and other information attached hereto present the arguments in behalf of the petition herein requested to the best of (my) (our) ability and that the statement and information above referred to are in all respects true and correct to the best of (my) (our) knowledge and belief.

SIGNED: _____

SIGNED: _____

SIGNED: _____

SIGNED: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification and who (did) (did not) take an oath.

SIGNATURE OF NOTARY PUBLIC

TYPED, PRINTED or STAMPED NAME OF NOTARY PUBLIC

Agent, lessee, or buyer signature

(I) (WE) _____

being duly sworn, depose and say that (I) (WE) serve as _____ for the
Agent or Lessee

Owner(s) in making this petition and that the owner(s) (has) (have) authorized (me) (us) to act in this capacity. Further, (I) (WE) depose and say that the statements and answers herein contained and other information attached hereto present the arguments in behalf of the petition herein requested to the best of (my) (our) ability and that the statement and information above referred to are in all respects true and correct to the best of (my) (our) knowledge and belief.

SIGNED: _____

SIGNED: _____

SIGNED: _____

SIGNED: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification and who (did) (did not) take an oath.

SIGNATURE OF NOTARY PUBLIC

TYPED, PRINTED or STAMPED NAME OF NOTARY PUBLIC