

# WINTER HAVEN

*The Chain of Lakes City*

## City of Winter Haven Application for a Zoning Change

Planning Division  
451 Third Street, NW  
Winter Haven, Florida 33881  
Telephone: 863-291-5600

**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 (attach description if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Total Acreage: \_\_\_\_\_  
Interest in Property: \_\_\_\_\_  
Current Zoning Designation: \_\_\_\_\_  
Type of Zoning Requested: \_\_\_\_\_  
Existing Structures on Site: \_\_\_\_\_  
If Structure is Vacant, For How Long: \_\_\_\_\_

**I. Please 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.

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

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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.

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

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

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6. Identify flood zones as applicable: \_\_\_\_\_

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

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

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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.

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**II. Project Narrative:**

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**III. Please provide the following documents:**

1. General location map.
2. Flood Insurance Rate Map (FIRM).
3. For applications requesting residential zoning, please attach a non-binding determination of public school availability.

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 or more of the properties involved in this petition and that (I) (we) have familiarized (myself) (ourselves) with the rules and regulations of the Planning Commission and City Commission 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

STAMP & DATE MY COMMISSION EXPIRES: \_\_\_\_\_

Agent, Lessee, or Buyer's Signature Page

(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 statements and information above referred to are in all respects true and correct to the best of (my) (our) knowledge and belief.

Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Signature of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Signature of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Printed Name of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Printed Name of Agent, Lessee, or Buyer(s)

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