

ZONING FORM FOR SITE PLAN SUBMITTAL

- PLEASE MAKE AN APPOINTMENT WITH A PLANNER TO HAVE THIS FORM COMPLETED, 321-633-2070.
- PLEASE BE PREPARED TO LEAVE A COPY OF THE PLAN AND THIS FORM TO RETRIEVE AT A LATER DATE.

Project Name: _____

Project #: ____ - ____ - ____

Property ID# _____
Township Range Section SD# Block Lot(s) Parcel (s)

Site Address (If Applicable): _____

Applicant's Name: _____

Address: _____ Phone: _____
_____ Fax: _____

Owner's Name: _____

Address: _____

PROPOSED USE: _____

Office Use Only:

Current Zoning: _____	Zoning Resolution #(s) Z- _____
BDP: _____	Surrounding Property Zoning Classifications:
Variance: V- _____	N _____ S _____ E _____ W _____
CUP: _____	
Future Land Use: _____	Joint Planning Area: _____

Permitted in existing zoning classification. Subject to section: _____

Permitted use in existing zoning classification with conditions found in section(s): _____

NOT PERMITTED WITHOUT A ZONING ACTION: _____

This form does not guarantee that a zoning action or variance will not be required for approval of your project. This form does not represent a complete review of your plans, does not establish a right to develop the property and does not constitute a waiver to any other applicable land development regulations. At the time of development, this property will be subject to all such regulations.

(Zoning Staff Signature)

(Date)