

HERNANDO COUNTY ZONING AMENDMENT PETITION



Application to Change a Zoning Classification

Application request (check one):

- Rezoning Standard PDP
 - Master Plan New Revised
 - PSFOD Communication Tower Other
- PRINT OR TYPE ALL INFORMATION**

File No. _____ Official Date Stamp: _____

Date: _____

APPLICANT NAME: _____

Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Property owner's name: (if not the applicant) _____

REPRESENTATIVE/CONTACT NAME: _____

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

HOME OWNERS ASSOCIATION: Yes No (if applicable provide name) _____

Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____

PROPERTY INFORMATION:

1. PARCEL(S) **KEY** NUMBER(S): _____
2. SECTION _____, TOWNSHIP _____, RANGE _____
3. Current zoning classification: _____
4. Desired zoning classification: _____
5. Size of area covered by application: _____
6. Highway and street boundaries: _____
7. Has a public hearing been held on this property within the past twelve months? Yes No
8. Will expert witness(es) be utilized during the public hearings? Yes No (If yes, identify on an attached list.)
9. Will additional time be required during the public hearing(s) and how much? Yes No (Time needed: _____)

PROPERTY OWNER AFFIDIVAT

I, _____, have thoroughly examined the instructions for filing this application and state and affirm that all information submitted within this petition are true and correct to the best of my knowledge and belief and are a matter of public record, and that (**check one**):

- I am the owner of the property and am making this application **OR**
- I am the owner of the property and am authorizing (applicant): _____
 and (representative, if applicable): _____
 to submit an application for the described property.

Signature of Property Owner

STATE OF FLORIDA COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or produced _____ as identification.

 Signature of Notary Public

Effective Date: 11/8/16 Last Revision: 11/8/16

Notary Seal/Stamp