Application for Conditional Use

Department of Planning & Development Services
300 North Park Avenue, Sanford, Florida 32771
Phone: 407.688.5140 **Fax:** 407.688.5141
www.sanfordfl.gov

☐ Minor ☐ Major

1. Legal description of property:
   Tax Parcel No: ☐☐ ☐☐ ☐☐ ☐☐☐ ☐☐☐☐ ☐☐☐☐

   (Attach a computer print-out from the Seminole County Property Appraiser)

2. Address of property: _____

3. Land area: _____ Sq. ft. Acres: _____

4. Current zoning district classification: _____

Use Requested:

_____

_____

NOTE: Pursuant the City of Sanford Land Development Regulations: "It shall be the burden of the applicant to prove compliance with said standards prior to the issuance of a Development Order."

Reason for Request:

_____

_____

Please attach any supporting documentation at the time this application is submitted.

I hereby understand and agree to pay all city fees related to this application as required by the city's adopted Fee Resolution.

Signature: _____ Date: _____

This application is submitted by:

Applicant/Agent:

Signature: _____ Print Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____ Date: _____

Applicant Authorization form must be completed

Property Owner:

Signature: _____ Print Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____ Date: _____

Official Use Only

Application No: _____ Fee: _____ Date: _____

Advertisement Date: _____ Notification of Adjacent Owners (Date): _____

DRT or Planning and Zoning Commission Hearing Date: _____

City Commission Hearing Date: _____

☐ Approved ☐ Approved with conditions ☐ Denied

_____ Date: _____

Chairman, Planning and Zoning Commission or Administrative Official