Application to Rezone

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

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: _____

Current City future land use designation: (Check One)

☐ **LDR-SF**	Low Density Residential	☐ **HDR**	High Density Residential	☐ **I**	Industrial	☐ **HI**	I-4 High Intensity	☐ **PRO**	Parks/Recreation/ Open Space
☐ **LDR-MH**	Mobile Home	☐ **SE**	Suburban Estates	☐ **PSP**	Public/Semi-Public	☐ **WIC**	Westside Industry & Commerce		
☐ **MDR-10**	Medium Density Residential -10 Units per acre	☐ **NC**	Neighborhood Commercial	☐ **RP**	Resource Protection	☐ **AIC**	Airport Industry & Commerce		
☐ **MDR-15**	Medium Density Residential -15 Units per acre	☐ **GC**	General Commercial	☐ **WDBD**	Waterfront/Downtown Business District	☐ **ROI**	Residential/Office/ Institutional		

Note: If property is currently under the Seminole County plan, please provide the current designation. _____ County Designation

Does this request require a Future Land Use Map Amendment? ☐ Yes ☐ No

Proposed zoning classification: _____ Proposed use: _____

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: _____

Note: 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): _____

Planning and Zoning Commission Hearing Date: _____ City Commission Hearing Date: _____

☐ Approved ☐ Approved with conditions ☐ Denied

_____ Date: _____
Chairman, Planning and Zoning Commission or Administrative Official