



HAINES CITY

THE HEART OF FLORIDA

Development Services
620 E. Main Street
Haines City, FL 33844
Phone (863) 421-3600
Fax (863) 419-3168
www.hainescity.com

CONDITIONAL USE – ADMINISTRATIVE APPLICATION

(Internal Office Use Only)

Received date: _____ Application fee: _____

Project number: _____ Check number: _____

Hearing date: _____ Newspaper Ad: _____

The owner and/or their agent

_____ has

_____ has not

submitted a petition regarding the subject property within the last year.

(I), (We), _____

of: _____

LEGAL DESCRIPTION

The property is located at:

Parcel identification number (s):

Block number: _____ Lot number: _____ Lot size: _____

Subdivision name (if applicable):

Or (if otherwise legally described):

Property size (acres and/or square feet): _____ Present zoning class: _____

Present use:

Present structures (type improvements upon the land):

DESCRIPTION OF PROPOSED USE

The proposed use will be:

Proposed zoning class: _____

ATTACHMENTS

Justification Statement (explanation of proposed use)

Impact Assessment (if required)

Site Plan

Deed

AUTHORIZATION / SIGNATURE

(I), (We), the owners of the property, understand that this petition becomes a part of the permanent record of the “City Commission”. (I), (We) hereby certify the above statement and the statement or drawings made on/in any paper or plans submitted herewith are true and correct to the best of (My), (Our) knowledge and belief.

The owner has hereby designated the below signed person to act as his/her agent regarding to this petition. (*to be executed when the owner designates another to act on his behalf*)

Signature of owner:

Printed name of owner:

Date sign: _____

Signature of agent:

Printed name of agent:

Date sign: _____

INFORMATION TO BE PROVIDED TO THE PERSON/COMPANY

Company name: _____

Address: _____

Office phone: _____

Contact name: _____

Contact cell phone: _____

Contact email address: _____

ACKNOWLEDGEMENT STATEMENT

Please be advised that you may need a “*Water Allocation Agreement*” and/or a “*Utility Service Agreement*” regarding the providing of water to your project and you should contact the Utility Department for further information. Additionally, Sec. 10.2.2 of the *Administrative and Procedures Manual* provides that you will be responsible for the reimbursement of any consult fees that may be expended on your behalf by the City. These fees will be due and payable at the time of the Site Work Permit or when a Building Permit is issued.

Signature applicant: _____

Printed name: _____

Date signed: _____

APPLICATION MUST BE NOTARIZED IN ORDER TO BE EXECUTED

STATE OF FLORIDA
COUNTY OF POLK

THE CONTENTS OF THIS PETITION; ARE SWORN AND SUBSCRIBED
BEFORE ME THIS _____ DAY OF _____, 2019,
WHO ARE PERSONALLY KNOWN TO ME OR HAVE PRODUCED
_____ AS IDENTIFICATION.

SIGNATURE OF NOTARY PUBLIC:

PRINTED NOTARY PUBLIC NAME:

COMMISSION NUMBER:

EXPIRATION DATE:

NOTARY SEAL:

Signature of the applicant: _____

Printed name of the applicant: _____

Date signed by the applicant: _____

FL Driver's License Number: _____