



City of High Springs

110 NORTHWEST FIRST AVENUE
HIGH SPRINGS, FLORIDA 32643
TELEPHONE: (386) 454-1416
FACSIMILE: (386) 454-2126

APPLICATION FOR CONDITIONAL USE PERMIT

DATE: _____

APPLICATION NO. Z 09-_____

NOTE: This form provides information to support an application for a Conditional Use Permit pursuant to Sections 7 and 16, of the High Springs Land Development Code. **THIS IS NOT A PERMIT. DO NOT COMMENCE CONSTRUCTION.**

FILING FEE:

With Site and Development Plan: \$ 400.00
* (Calculated on estimated Total Value of proposed improvements: \$ _____)

911 ADDRESS OF SUBJECT PROPERTY :

_____, High Springs, FL 32643

TAX PARCEL NO. _____; PLATBOOK _____, PG. _____; RECORD OWNER _____;
LEGAL DESCRIPTION: (Attach copy of complete legal description; deed; existing survey or measured plot plan depicting location of existing and proposed improvements with reasonable accuracy.

CURRENT ZONING: (Circle One) R-1; R-2; R-3; C-1; C-2; C-3; Ind.

LAND USE CLASSIFICATION: Current _____; Requested _____; (LDC Section 16.06 (5).

DETAILED DESCRIPTION OF PROPOSED USE(S):

APPLICANT'S ACKNOWLEDGEMENT: I HAVE READ THE FOREGOING AND UNDERSTAND THAT I WILL BE NOTIFIED TO APPEAR AND PRESENT MY APPLICATION TO THE HIGH SPRINGS PLAN BOARD AND THE HIGH SPRINGS CITY COMMISSION. I FURTHER ACKNOWLEDGE, THAT IF MY REQUEST IS GRANTED, I MAY BE REQUIRED TO SUBMIT A DETAILED SITE AND DEVELOPMENT PLAN, CONSTRUCTION PLANS, AND OBTAIN ALL NECESSARY BUILDING PERMITS FOR ANY PROPOSED IMPROVEMENTS TO THE PROPERTY. *

(Applicant's Signature)

(Applicant's Printed Name)

(Applicant's Street Address)

(Mailing Address, if different)

Phone Numbers: _____ Home; _____ Work; _____ Cell.

* IF APPLICATION IS MADE BY OWNER'S AGENT, ATTACH OWNER'S WRITTEN CONSENT, ADDRESS AND PHONE NUMBER.

FOR ZONING OFFICIAL'S USE

- COMPLIES WITH COMPREHENSIVE PLAN?
- COMPLIES WITH CURRENT ZONING?
- SITE AND DEVELOPMENT PLAN REQUIRED?

SRWMD PERMIT DATE _____; CERTIFICATE NO. _____;
HEALTH DEPT. PERMIT DATE _____; CERTIFICATE NO. _____;
BUILDING PERMIT DATE _____; CERTIFICATE NO. _____.

PLAN BOARD PUBLIC HEARING: ADVERTISEMENT DATE: _____;
Plan Board Recommendation: DATE _____; **APPROVE** _____; **DISAPPROVE** _____.

FORMAL PUBLIC HEARING: ADVERTISEMENT DATE _____;
City Commission Decision: DATE _____; **GRANTED** _____; **DENIED** _____.

CONDITIONAL USE PERMIT CUP NO.Z 09-0_____

PERMITTING THE USE OF THE ABOVE DESCRIBED PROPERTY AS A _____,
PURSUANT TO SECTION 16.06 (5), "TABLE OF PERMITTED USES", "USES DESCRIPTION _____, OF THE HIGH SPRINGS
LAND DEVELOPMENT CODE. SAID USE SHALL NOT BE COMMENCED UNTIL ALL NECESSARY BUILDING PERMITS,
CERTIFICATES OF OCCUPANCY, OCCUPATIONAL LICENSES, AND INSPECTIONS ARE ISSUED. THIS PERMIT SHALL
EXPIRE 12 MONTHS AFTER DATE, IF THE APPROVED USE IS NOT PROPERLY COMMENCED WITHIN SAID PERIOD.

ISSUED THIS _____ DAY OF _____, _____, AT THE DIRECTION OF THE HIGH SPRINGS CITY COMMISSION.

(MUNICIPAL SEAL)

James D, Drumm, Zoning Administrator