



City of High Springs

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

APPLICATION FOR ADMINISTRATIVE ZONING PERMIT

DATE: _____

APPLICATION NO. 09- _____

NOTE: This form provides information to support an application for a Zoning Permit pursuant to Sections 7 and 16, of the High Springs Land Development Code.

TO QUALIFY FOR THIS PERMIT, THE PROPOSED USE MUST BE LISTED AS "Z", or "ZC - residential developments less than 5 dwelling units"; or "ZC - nonresidential developments on lots containing less than 1/2 acre" (LDC Sec. 16.06, (1), (2) and (3). THIS IS NOT A BUILDING PERMIT - DO NOT COMMENCE CONSTRUCTION.

FILING FEE

- Without Site & Development Plan: \$ 200.00
With Site & Development Plan: \$ *
* (Calculated on estimated Total Value of proposed improvements: \$ _____)

911 ADDRESS OF SUBJECT PROPERTY: _____

ALACHUA CO. TAX PARCEL NO.: _____; Total Acreage: _____ Acre.

LEGAL DESCRIPTION: (Attach copy complete legal description or deed; existing survey; and measured plot plan, accurately depicting location of all existing and proposed improvements.

CURRENT ZONING: Commercial (C-2)

LAND USE CLASSIFICATION (LDC, Sec. 16.06 (____)): _____

DETAILED DESCRIPTION OF PROPOSED USE(S): _____

APPLICANT'S ACKNOWLEDGEMENT: I HAVE READ THE FOREGOING AND UNDERSTAND THAT MY REQUEST WILL BE REVIEWED AND DETERMINED BY THE HIGH SPRINGS ZONING ADMINISTRATOR. I FURTHER ACKNOWLEDGE, THAT IF MY REQUEST IS GRANTED, I MAY BE REQUIRED TO SUBMIT A PROPER SITE AND DEVELOPMENT PLAN, CONSTRUCTION PLANS, AND OBTAIN ALL NECESSARY BUILDING PERMITS BEFORE COMMENCING ANY PROPOSED IMPROVEMENTS TO MY PROPERTY. *

(Applicant's Signature) _____

(Applicant's Printed Name) _____

(Applicant's Street Address) _____

(Mailing Address, if different) _____

Home Phone: _____

Work Phone: _____

* 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?
COMPLIES WITH LDC SEC. 16.06? - Circle applicable Section: 16.06 (1) or 16.06 (2) or 16.06 (3).
SITE AND DEVELOPMENT PLAN REQUIRED?
Supporting Documents in File? SRWMD PERMIT _____; HEALTH DEPT. PERMIT _____; BUILDING PERMIT _____.

ZONING PERMIT

PERMIT No. ZP 09- _____

A Zoning Permit is hereby approved under LDC Section 16.06 (2) permitting use of the above-referenced property as a _____, pursuant to Section 16.06 (6), "Table of Permitted Uses", "Uses Description" : 2.1. 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.

Approved this _____ day of _____, _____, by the High Springs Zoning Administrator.

(Municipal Seal)

Zoning Administrator