



120 E. Pomelo Street  
Lake Alfred, FL 33850-2135

**CITY OF LAKE ALFRED**

Ph.: (863) 291-5270  
Fax: (863) 291-5317

**Application for Zoning or for Rezoning of Property**

The following information is required for submission of an application for assignment of a Zoning District or the Rezoning of property in the City limits of Lake Alfred, Florida. **Please print or type the required information below. Attach three copies of: the current survey of subject property; aerial photograph; location map; and site map.**

**Applicant**

Name of Property Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Agent, if applicable: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

**Property Identification**

Property Address or General Location: \_\_\_\_\_

Present Use of the Property: \_\_\_\_\_

Existing Structures Located on the Site: \_\_\_\_\_

Total Acreage: \_\_\_\_\_ Number of Residents on Site: \_\_\_\_\_

Parcel I.D.#: \_\_\_\_\_

Legal Description of the Property: \_\_\_\_\_

Subdivision (if any): \_\_\_\_\_

**Zoning and Land Use Information**

Current Zoning Classification: \_\_\_\_\_

Current Future Land Use Classification: \_\_\_\_\_

Requested City Zoning Classification: \_\_\_\_\_

Is the Property within the Area of Critical State Concern? If yes, please attach Green Swamp Impact Statement. \_\_\_\_\_

**Note:** For annexed properties without City Zoning, the City will assign designations, which most closely conform with the actual use of the property or with designations of surrounding properties, unless specific zoning designations are requested.

City Use Only:

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date Found Complete: \_\_\_\_\_

# City of Lake Alfred

## OWNER'S SIGNATURE PAGE

(I) (We), \_\_\_\_\_ being duly sworn, depose and say that (I) (we) own one or more of the properties involved in this petition and that (I) (we) authorize the City of Lake Alfred to process this petition for Zoning or Re-zoning, in accordance with all adopted City rules and regulations, and in conformance with State law.

Further, the undersigned (has) (have) appointed and (does) (do) appoint \_\_\_\_\_ as agent(s) to execute any petitions or other documents necessary to affect such petition; and request that you accept the signature of my agent(s) as representing my agreement of all terms and conditions of the approval process:

Further, (I) (we) or any agent or lessee of the subject property authorized by (me) (us) to file this petition, deposes and say that the statements and answers contained in the application and any information attached thereto, present the arguments in behalf of this petition to the best of (my) (our) ability; and that the statements and information referred to above are in all respects true and correct to the best of (my) (our) knowledge and belief.

## OWNERS

\_\_\_\_\_/\_\_\_\_\_  
Owner's Signature/Print Title

\_\_\_\_\_/\_\_\_\_\_  
Owner's Signature/Print Title

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Printed Name of Owner

## OWNER'S NOTARIZATION

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_.

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public  
Notarial Seal and Commission  
Expiration Date

**AGENT OR LESSEE SIGNATURE PAGE**

(I) (We), \_\_\_\_\_ being duly sworn, depose and say that (I) (we) serve as \_\_\_\_\_ for the owner(s) in  
(agent or lessee)  
making this petition and that the owner(s) (has) (have) authorized (me) (us) to act in this capacity.

Further, (I) (we) depose and say that the statements and answers herein contained and other information attached hereto present the arguments on behalf of the petition herein requested to the best of (my) (our) ability and that the statements and information above belief.

**AGENT OR LESSEE SIGNATURE**

\_\_\_\_\_/\_\_\_\_\_  
Agent or Lessee's Signature/Print Title

\_\_\_\_\_/\_\_\_\_\_  
Agent or Lessee's Signature/Print Title

\_\_\_\_\_  
Printed Name of Agent or Lessee

\_\_\_\_\_  
Printed Name of Agent or Lessee

\_\_\_\_\_  
Company's Name

\_\_\_\_\_  
Company's Name

\_\_\_\_\_  
Company's Address

\_\_\_\_\_  
Company's Address

**AGENT OR LESSEE(S) NOTARIZATION**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public  
Notarial Seal and Commission  
Expiration Date