

Town of Lake Placid Planning & Zoning Department

311 W. Interlake Blvd
Lake Placid, FL 33852
(863) 699-3747 * FAX (863) 699-3749

For Office Use Only:

Case No: _____

Date Received: _____

REZONING APPLICATION

CHAPTER 4, ARTICLE I

LAND DEVELOPMENT CODE

Owner Information:

Name of Property Owner: _____

Mailing Address: _____

Name of Applicant*, If other than owner, (Relationship): _____

Home Telephone: _____ Work Telephone: _____

Property Information:

Property Address/location: _____

Property Strap Number: _____

Current Zoning: _____ Requested Zoning: _____

Existing Use: _____ Proposed Use: _____

Size of Property: _____ Land Use Designation: _____

Description of Surrounding Properties: _____

Legal Description of Property (Lengthy Description May be Attached): _____

Required Attachments:

- Survey of Property (11" x 14", 20" Scale)
- Letter Outlining Request
- Notarized Letter of Owner's Authorization*
- Processing Fee (*), which will include the actual cost of legal advertising

Signature: _____ Date: _____