DEP ZONING LETTER REQUEST

City of Atlantic Beach

Community Development Department
800 Seminole Road Atlantic Beach, FL 32233
(P) 904-247-5800

FOR INTERNAL OFFICE USE ONLY

FILE # _____

APPLICANT INFORMATION

NAME _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PROPERTY LOCATION _____ PHONE # _____ CELL # _____

RE# _____ BLOCK # _____ LOT # _____

LOT/PARCEL SIZE _____ ZONING CODE _____

DESCRIPTION OF PROJECT _____

_____

_____

_____

PROVIDE ALL OF THE FOLLOWING INFORMATION

1. Proof of ownership: deed or certificate by lawyer or abstract or title company that verifies record owner as above.
2. If the applicant is not the owner: provide a letter of authorization from the owner(s) for applicant to represent the owner(s) for all purposes related to this application.
3. Survey and legal description of property for which Letter is sought (average calculated grade determined by surveyor required for new buildings or alterations to existing structures).
4. One set of full size plans to scale.
5. No application fee is required.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT: Signature of Property Owner(s) or Authorized Agent

_____ _____ _____
SIGNATURE OF APPLICANT PRINT OR TYPE NAME DATE

Signed and sworn before me on this _____ day of _____, _____ by State of _____

_____ County of _____

Identification verified: _____

Oath Sworn: ☐ Yes ☐ No

_____
Notary Signature

My Commission expires _____