



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

FOR INTERNAL OFFICE USE ONLY
 FILE # _____

- \$500.00 Zoning Map Amendment
- \$1,000.00 Text Amendment

APPLICANT INFORMATION

NAME _____ EMAIL _____
 ADDRESS _____ PHONE # _____
 CITY _____ STATE _____ ZIP CODE _____ CELL # _____

SITE INFORMATION

ADDRESS _____
 SUBDIVISION _____ BLOCK _____ LOT _____
 RE# _____ LOT/PARCEL SIZE _____ ZONING CODE _____
 COMPREHENSIVE PLAN FUTURE LAND USE DESIGNATION _____
 REQUESTED PROVISIONS FROM WHICH WAIVER IS SOUGHT _____

PROVIDE ALL OF THE FOLLOWING INFORMATION:

1. The names and addresses of all owners of the subject property.
2. The existing and proposed zoning district of the subject property. (Requested Action)
3. A statement of special reasons and justification to support the rezoning as requested.
4. The signature of each owner of the lands sought to be rezoned.

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

 SIGNATURE OF APPLICANT (2) 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 _____