



DATE RECEIVED _____

CITY USE ONLY: FEE PAID WITH CHECK # _____

APPROVED _____ DATE _____

DENIED _____ DATE _____

CITY OF VINITA PARK

ZONING AMENDMENT APPLICATION

NAME OF APPLICANT _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

PROPERTY INTEREST OF APPLICATION

PLEASE CIRCLE ONE: OWNER RENTER OTHER

DESCRIPTION OF PROPERTY

STREET ADDRESS OR LOCATION _____

PARCEL LOCATOR NUMBER _____

ZONING DISTRICT CLASSIFICATION _____

LAND USE DEVELOPMENT – EXISTING _____

PROPOSED _____

REASONS AND JUSTIFICATIONS FOR ZONING AMENDMENT

ATTACH LEGAL DESCRIPTION AND LOCATOR NUMBER OF PROPERTY

APPLICATION IS HEREBY MADE FOR A ZONING AMENDMENT WITH THE WILLFUL CONSENT OF THE OWNER OF THE SUBJECT PROPERTY, AND THAT THE INFORMATION IN THE APPLICATION IS COMPLETE, TRUE, AND ACCURATE.

APPLICANT'S SIGNATURE _____ DATE _____

OWNER'S SIGNATURE _____ DATE _____