



FOR OFFICE USE ONLY	
DATE RECEIVED:	_____
RECEIVED BY:	_____
PC HEARING:	_____
FIRST READING:	_____
ADOPTION HEARING:	_____

**CITY OF DAVENPORT  
APPLICATION FOR ZONING MAP AMENDMENT**

City of Davenport  
 Department Services Department  
 1 South Allapaha Avenue  
 PO Box 125  
 Davenport, Florida 33836  
 Phone: (863) 419-3300  
 Fax: (863) 419-3302

FOR OFFICE USE ONLY	
CASE NO.: ZMA _____ - _____	
APPLICATION FEE: \$ _____	
ADVERTISING COST: \$ _____	
RECEIPT NO.: _____	

APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Enclose Letter of Authorization from owner(s))

AGENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Enclose Proof of Ownership; i.e. Photocopy of Deed, Tax Receipt)

ADDRESS: \_\_\_\_\_

PARCEL ID NUMBER: \_\_\_\_\_  
(18 Digit Number from the Polk County Property Appraiser's Data)

PROPERTY ACREAGE: \_\_\_\_\_ LEGAL DESCRIPTION ATTACHED ( )

NUMBER OF EXISTING STRUCTURES ON-SITE: \_\_\_\_\_

SQUARE FOOTAGE OF EXISTING STRUCTURES: \_\_\_\_\_

SUMMARY AND LOCATION OF PROPOSED ZONING MAP AMENDMENT:

JUSTIFICATION OF PROPOSED ZONING MAP AMENDMENT:

CURRENT FUTURE LAND USE: \_\_\_\_\_

CURRENT ZONING: \_\_\_\_\_

PROPOSED ZONING: \_\_\_\_\_

DESCRIPTION OF EXISTING LAND USES ON THE SUBJECT PROPERTY:

DESCRIPTION OF EXISTING LAND USES SURROUNDING THE SUBJECT PROPERTY:

PROPOSED USE OF THE SUBJECT PROPERTY (DEVELOPMENT DESCRIPTION, SCHEDULE, AND PHASES):

IS OF THE PROPOSED ZONING MAP AMENDMENT CONSISTENT WITH THE ADOPTED FUTURE LAND USE DESIGNATION OF THE PROPERTY?

PLEASE PROVIDE AN ANALYSIS AND DATA ON THE FOLLOWING ITEMS ON THE SUBJECT SITE:

- SOILS AND TOPOGRAPHY,
- FLOODPLAIN AREAS,
- VEGETATION AND NATURAL RESOURCES,
- THREATENED/ENDANGERED SPECIES, AND;
- HISTORIC/ARCHAEOLOGICAL RESOURCES.

INCLUDED THE FOLLOWING EXHIBITS:

- LOCATION MAP
- POLK COUNTY PROPERTY APPRAISER PAREL MAP
- AERIAL PHOTOGRAPHY
- BOUNDARY AND TOPOGRAPHIC SURVEY, IF AVAILABLE
- FLOODPLAIN MAP
- SOILS MAP

The above application for an amendment to the City of Davenport's Official Zoning Map; is submitted for the City's review by the legal owner(s) of the property subject to the request, whose name(s) and signature(s) follows:

\_\_\_\_\_  
(Please type or print name)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Owner or Authorized Agent

\_\_\_\_\_  
(Please type or print name)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Property Owner(s) of Record

\_\_\_\_\_  
(Please type or print name)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Property Owner(s) of Record

DATE: \_\_\_\_\_

This is a letter of authorization for the agent named below to act for me in all matters relating to this application for a request for a Zoning Map Amendment, as submitted to the City of Davenport, Development Services Department, in regard to my property as identified by the Parcel ID number provided and described in the legal description attached to the application:

Agent: \_\_\_\_\_

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

Signature of Owner or Authorized Agent: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

**TO BE NOTARIZED BELOW:**

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is/are personally known to me and who did (did not) take an oath.

\_\_\_\_\_  
Notary Public

Commission Expires: