



Village of Palm Springs
Land Development
226 Cypress Lane
Palm Springs, Florida 33461-1699
561-965-4016
561-439-4132 fax

REZONING AMENDMENT APPLICATION

(Filing Fee: \$750.00)

REZONE? Y / N _____ PARCEL SIZE _____

FILE # _____ FEE RECEIPT # _____

PROPERTY CONTROL NUMBER _____

NAME OF APPLICANT _____

NAME OF BUSINESS _____

ADDRESS OF BUILDING _____

LOCATION OF PROPERTY: The subject property is located approximately _____ mile(s) N, S, E, W
(circle one) from the intersection of _____
and _____, on the N, S,
E, W (circle one) side of _____ (street).

EXISTING ZONING: _____

PROPOSED ZONING: _____

EXISTING LAND USE: _____

PROPOSED LAND USE: _____

DIMENSIONS OF PROPERTY: _____

LEGAL DESCRIPTION OF PROPERTY: (attach if insufficient space)

APPLICANT'S PETITION AND CERTIFICATION

The undersigned hereby petitions the Village of Palm Springs Staff, Land Development Board, and the Village Council to call Public Hearings upon due Public Notice in accordance with the Rules, Regulations, and Laws as promulgated by the Village of Palm Springs. The cost of which petition and notice and other costs as promulgated by rule is hereby assumed by the undersigned.

It is hereby affirmed and certified that the undersigned will comply with the provisions and regulations and applicable sections of the Village of Palm Springs Code of Ordinances, Zoning Code, and Land Use Regulations. It is further certified by the undersigned that the statements, the statements for showings made in any paper or plans submitted and made herewith are true to the best of the knowledge and belief of the undersigned. Further, the undersigned affirms that this application, attachments, and fees become part of the official records of the Village of Palm Springs upon application and are not returnable.

Witness

Signature of Applicant

Witness

Signature of Applicant

Applicant is: _____

_____ Owner

_____ Agent

Street Address

_____ Optionee

_____ Contract
Purchaser

City and State

_____ Lessee

Telephone

NAME OF OWNER (S) IF OTHER THAN APPLICANT

Name _____ Witness _____

Signature _____ Witness _____

Address _____

Telephone _____

NAME OF PERSON RESPONSIBLE FOR PETITION IF OTHER THAN THE APPLICANT

Name _____ Witness _____

Signature _____ Witness _____

Address _____

Telephone _____

**Village of Palm Springs Official File and Action
For Rezoning Amendment**

File # _____

Name _____

Date of Pre-Hearing/Staff Conference _____

Staff comments: _____

Recommend: Approval _____ Deny _____

Recommended by: _____
Signature

Land Development Board

Local Planning Agency

Village Council

Ad Date(s): _____

Ad Date(s): _____

Ad Date(s): _____

Public Hearing Date: _____

Public Hearing Date: _____

Public Hearing Date: _____

Action: _____

Action: _____

Action: _____

