

FILL OUT COMPLETELY

Date Submitted _____

CITY OF WAUCHULA

_____ SPECIAL EXCEPTION _____ VARIANCE _____ RE-ZONE with FUTURE LAND USE
AMENDMENT _____ ANNEXATION _____ ROAD/ALLEY CLOSING

**A SITE PLAN, TO SCALE, IS NEEDED FOR ALL REQUESTS.
A METES AND BOUNDS SURVEY IS NEEDED FOR AN ANNEXATION.
IF YOU LIVE IN A DEED RESTRICTED COMMUNITY, YOU MUST
PROVIDE A COPY OF THE DEED RESTRICTIONS.**

Applicant: _____

Address of request: _____

Mailing address: _____

Daytime Telephone: _____

Owner's Name & Address (as shown on property records):

_____ Check, if same as above.

If different: Name: _____

Mailing Address: _____

Daytime Telephone: _____

**NOTE : IF THE APPLICANT IS NOT THE OWNER OF THE ABOVE PROPERTY,
WRITTEN CONSENT BY THE OWNER MUST BE SUPPLIED BY THE
APPLICANT AT THE TIME OF SUBMITTAL TO THE CITY'S PLANNING
AND ZONING DEPARTMENT. ALL REQUESTS MAY ONLY BE
INITIATED BY THE CURRENT PROPERTY OWNER.**

Legal description: _____ See attached property card

Current Zoning _____ Future Land Use _____

Size of Parcel: _____

Current Improvements: (Buildings, etc. on property) _____

Reason for request: _____

If Annexation and/or Re-Zone:

Current County Zoning Classification _____

City Zoning Classification and Future Land Use classification sought: _____

What property usage is to the North: _____, South: _____,

East: _____ and West: _____ of your property (example: residence)?

Number of residences on parcel(s) (Existing and/or proposed): _____

Population of parcel(s): _____

*******FOR SPECIAL EXCEPTION REQUESTS ONLY*******

Square footage to be used for the activity: _____

Proposed Hours: _____

Associated Noise: _____

Materials stored on premises: _____

Traffic caused by activity: _____

Number of off-street parking spaces: _____

Have you filed any previous applications? _____

If yes, please describe request and give date of application: _____

I have read and understand the requirements of the application and agree to pay all costs of the process.
The typical total cost is between \$150.00 and \$250.00.

Signature(s): _____ Date: _____

Print Name(s): _____

Signature of applicant(s): _____ Date: _____

Print Name(s): _____

FOR OFFICE USE ONLY

___Application _____

___Ad _____

___Copies (.25 ea) _____

___Postage _____ Total Due _____