



APPLICATION NO. _____	FILED _____ 20__
ZONING DISTRICT _____	FEE: \$ _____



APPLICATION FOR REZONING OF LAND

TO: THE PLANNING AND ZONING BOARD OF THE TOWN OF ORANGE PARK, FLORIDA

The undersigned hereby applies for rezoning of land as follows:

1. Legal description of land sought to be rezoned:
 Lot _____ Block _____ Section _____ Subdivision _____
 Plat Book _____ Page _____
 Other _____
2. Location: On _____ side of _____
 between _____ and _____
 (street) (street)
3. The name and address of the owner as shown in the public records of Clay County:

4. Current Zoning Classification: _____
5. Zoning district classification requested: _____
6. The names and addresses of all property owners within 300 feet of parcel upon which rezoning is requested. (STAFF WILL PROVIDE THIS INFORMATION)
7. The parcel for which rezoning is sought is currently improved or unimproved. If improved, state what is located on the property.

8. The reason rezoning is being sought and supporting data as to why the change should be made is as follows:

9. Total area of parcel to be rezoned is: _____

10. Frontage of Parcel _____; Depth of Parcel _____

11. Has any application been submitted for rezoning of any portion of this parcel included in this application within the past two years? _____

If so, give details of such application and final disposition: _____

Signature of Applicant _____

Applicant (Please Print Name) _____

Signature of Property Owner _____

Property Owner (Please Print Name) _____

Signature of Agent _____

Agent (Please Print Name) _____

Applicant's Address _____

Telephone Number _____