

Disclaimer

F.S. 125.022 Disclaimer: Issuance of a development permit or development order by Columbia County does not in any way create any rights on the part of the applicant to obtain a permit from a state or federal agency and does not create any liability on the part of the county for issuance of the permit if the applicant fails to obtain requisite approvals or fulfill the obligations imposed by a state or federal agency or undertakes actions that result in a violation of state or federal law.



Columbia County Gateway to Florida

FOR PLANNING USE ONLY

Application # _____
Application Fee _____
Receipt No. _____
Filing Date _____
Completeness Date _____

Miscellaneous Zoning Request

SELECT REQUESTED ZONING PROCESS:

1. ___ Zoning approval for State issued Alcohol License
2. ___ Written Statement of Land Use and Zoning
3. ___ Flood Determination Letter
4. ___ Zoning Regulation or Decisions Appeal
5. ___ Other _____

A. PARCEL INFORMATION

1. Address of Subject Property: _____
2. Parcel ID Number(s): _____
3. Future Land Use Map Designation: _____
4. Zoning Designation: _____

B. APPLICANT INFORMATION

1. Applicant Status ☐ Owner (title holder) ☐ Agent
2. Name of Applicant(s): _____ Title: _____
3. Company name (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____ Fax: (____) _____ Email: _____
4. If the applicant is agent for the property owner*.
Property Owner Name (title holder): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____ Fax: (____) _____ Email: _____

PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from government officials regarding government business is subject to public records requests. Your e-mail address and communications may be subject to public disclosure. *Must provide an executed Property Owner Affidavit Form authorizing the agent to act on behalf of the property owner.

C. ADDITIONAL INFORMATION

1. Is there any additional contract for the sale of, or options to purchase, the subject property?
2. If yes, list the names of all parties involved: _____
If yes, is the contract/option contingent or absolute: ☐ Contingent ☐ Absolute
3. Has a previous application been made on all or part of the subject property:
Future Land Use Map Amendment: ☐ Yes _____ ☐ No _____
Future Land Use Map Amendment Application No. CPA _____
Site Specific Amendment to the Official Zoning Atlas (Rezoning): ☐ Yes _____ ☐ No _____
Site Specific Amendment to the Official Zoning Atlas (Rezoning) Application No. Z _____
Variance: ☐ Yes _____ ☐ No _____
Variance Application No. V _____
Special Exception: ☐ Yes _____ ☐ No _____
Special Exception Application No. SE _____

D. REQUESTED PROCESS DETAILS:

Please provide any additional information necessary to process and review your request.

For submittal requirements, please see the Columbia County Building and Zoning Development Application Submittal Guidelines.

I hereby certify that all of the above statements and statements contained in any documents or plans submitted herewith are true and accurate to the best of my knowledge and belief.

Applicant/Agent Name (Type or Print)

Applicant/Agent Signature

Date

APPLICATION AGENT AUTHORIZATION FORM

TO: Columbia County Zoning Department
135 NE Hernando Avenue
Lake City, FL 32055

Authority to Act as Agent

On my/our behalf, I appoint _____
(Name of Person to Act as my Agent)

for _____
(Company Name for the Agent, if applicable)

to act as my/our agent in the preparation and submittal of this application

for _____
(Type of Application)

I acknowledge that all responsibility for complying with the terms and conditions for approval of this application, still resides with me as the Applicant/Owner.

Applicant/Owner's Name: _____

Applicant/Owner's Title: _____

On Behalf of: _____
(Company Name, if applicable)

Telephone: _____ Date: _____

Applicant/Owner's Signature: _____

Print Name: _____

STATE OF FLORIDA
COUNTY OF _____

The Foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, whom is personally known by me ☐ OR produced identification ☐.
Type of Identification Produced _____

(Notary Signature)

(SEAL)