

FEE: \$500.00  
ESCROW: \$2000.00



## *CITY OF SATELLITE BEACH*

### APPLICATION FOR REZONING PUBLIC HEARING

NAME OF PROPERTY OWNER: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

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

NAME OF APPLICANT: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

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

1. Property legal description: \_\_\_\_\_

2. Property address: \_\_\_\_\_

3. Present zoning: \_\_\_\_\_

4. Proposed zoning: \_\_\_\_\_

5. Proposed usage for the property is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Need and justification for change: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Effect of change on the particular property and on surrounding property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Amount of undeveloped land in the general area and city having the same zoning classification: \_\_\_\_\_

\_\_\_\_\_

APPLICANT'S SIGNATURE:

OWNER'S SIGNATURE:

\_\_\_\_\_  
Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,  
by \_\_\_\_\_  
who is personally known to me or has produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,  
by \_\_\_\_\_  
who is personally known to me or has produced  
\_\_\_\_\_ as identification.

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

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