



CITY OF BELLEVIEW

City with Small Town Charm

www.belleviewfl.org

Development Services

5525 SE 119th St.

Belleview, FL 34420

Office: 352-245-7021

Fax: 352-307-7708

SITE PLAN WAIVER REQUEST

Waiver requests **will not** be processed without the required attachments and fees. Please refer to City Code of Ordinances Section 127.5(e) for detailed information about site plan waivers.

Parcel Number(s): _____

Permit Number: _____

Project / Subdivision Information:

Owner(s) Name: _____

Project/Subdivision Name: _____

Unit/Block/Lot: _____ / _____ / _____ Section/Twp/Range: _____ / _____ / _____

Commercial _____ Subdivision _____ Individual Residence _____ Farm _____ Golf Course _____

Point of Contact Information:

Firm: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ FAX Number: _____

Cell Number: _____ E-mail: _____

Waiver Information:

Section & Title of Code/Ordinance: _____

Justification for waiver request: _____

_____ (Attach additional waivers on a separate sheet, if needed)

FOR STAFF USE ONLY:

AR #: _____

Date of SPRC Consideration _____ Approved: Yes _____ No _____

Date of CC Consideration _____ Approved: Yes _____ No _____

ZONING USE:

Parcel of record: Yes _____ No _____ Eligible to apply for Family Division Yes _____ No _____

Zoned: _____ ESOZ: _____ Must Vacate Plat: _____ Verified by: _____