



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

COMPREHENSIVE PLAN AMENDMENT WITH RE-ZONING APPLICATION

FEES: \$1,000.00 Rezoning + advertising costs **and**

\$2,000.00 Comp Plan Amendment for less than 50 acres + advertising costs **or**

\$3,000.00 Comp Plan Amendment for over 50 acres + advertising costs

Applicant Information:

Name of Petitioner(s): _____
(Or Company/Corp. Name)

Address: _____

Phone: _____ Email Address: _____

Name of Property Owner (If Different): _____

Address: _____

Phone: _____ Email Address: _____

Property Information:

Legal description of the property for which the comprehensive plan amendment is being requested
(also include an electronic copy of the legal description and a marked map):

Street address of the property: _____

Parcel #: _____ Block/Lot: _____

Land Use/Zoning Information:

Existing Land Use: _____ Proposed Land Use: _____

Existing Zoning: _____

Proposed Zoning: _____

Size of lot: _____

Setbacks: Front: _____ Rear: _____ Side: _____

Adjacent Land Use: North: _____
South: _____
West: _____
East: _____

Adjacent Zoning: North: _____
South: _____
West: _____
East: _____

Adjacent Actual Use: North: _____
South: _____
West: _____
East: _____

Reason for the request:

Deed or other proof of ownership must be attached to application.

Owners Certification (notarized letter of authorization from the property owner for the applicant is required if the applicant is other than owner of record):

I do hereby certify that the information on this application is accurate and complete. I understand that any incomplete or inaccurate information may cause delays and/or additional fees. I also understand that there are no fee refunds.

Signature of Applicant or
Company Rep & Title

Printed Name

Signature of Applicant or
Company Rep & Title

Printed Name