



CITY OF BELLEVIEW

"City with Small Town Charm"

DEVELOPMENT SERVICES DEPARTMENT

5525 SE 119th St., Belleview, Florida 34420

www.belleviewfl.org Email: DSStaff@belleviewfl.org

Telephone: (352) 245-7021 Fax: (352) 307-7708

Project #: _____
Received by: _____
Application Date: _____
Fees Rec'd: _____

REZONING APPLICATION

FEE: \$850.00

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 rezoning 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 Zoning: North: _____
South: _____
West: _____
East: _____

Adjacent Land Use: 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):

This application is submitted in compliance with Article 9 of the Zoning code of the Land Development Regulations, of which I have received a copy. I understand that a property owner cannot initiate a rezoning request affecting the same parcel of land more often than once every six months following denial or once every twelve months following approval. 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(s) or
Company Rep. & Title

Printed Name

Signature of Applicant(s) or
Company Rep & Title

Printed Name