

STAFF USE ONLY
Intake Date: _____
Fee Paid: _____



TOWN OF HAVERHILL
PERMITTING AND LICENSING DEPARTMENT
4585 Charlotte Street, Haverhill, Florida 33417 561-689-0370 FAX 561-689-4317

APPLICATION FOR TEXT AMENDMENT

Check all that apply: Zoning Code Comprehensive Plan

INSTRUCTIONS TO APPLICANTS:

1. Complete all sections of this application. If not applicable, indicate with N/A.
2. Provide required attachments (maps, plats, etc if applicable) and ten (10) copies of this application.
3. Pay a filing fee in the amount of \$1,000. In addition to the filing fee, an additional check in the amount of \$2,500 needs to be collected and placed in an escrow account to cover legal, advertising and professional review fees.

General Description of request (include name of project or development): _____

PROPERTY OWNER AND AGENT

Property Owner of Record: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Cell: _____ FAX: _____

Petitioner (if other than property owner): _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Cell: _____ FAX: _____

Agent : _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Cell: _____ FAX: _____

PROPERTY LOCATION

Property Control Number: _____

Section: _____ Township: _____ Range: _____ Total # of acres: _____

Project Name: _____

Project Address: _____

General Location (closest Intersection, in miles or fraction thereof): _____

LAND USE AND ZONING INFORMATION

Present Zoning Designation: _____

Future Land Use Designation: _____

Existing Uses on Property: _____

Proposed Use: _____

WATER/SEWER/UTILITIES

Present Utilities: Well _____ County Water: _____ Sewer: _____ Septic: _____

Underground Cabling: _____

Proposed Utilities: Well _____ County Water: _____ Sewer: _____ Septic: _____

Underground Cabling: _____

PROJECT DESCRIPTION

Specific code section or comprehensive plan policy proposed for amendment: _____

Proposed wording of amended text: _____
