



**Engineering Services
Department
Development Services Division
Planning~Building~Inspections**

105 Miracle Strip Pkwy. SW
Fort Walton Beach, FL 32548
P: (850) 833-9697
F: (850) 833-9926

APPLICATION FOR REZONING

Applicant (Agent) NAME:	
ADDRESS:	
PHONE:	
EMAIL:	
Property Owner NAME:	
Property Owner ADDRESS:	

Property Address or General Location:	
Tax Parcel ID Number(s):	
Legal Description: (attach additional sheets if necessary)	
Total Site Size:	

Future Land Use Map Designation:	<input type="checkbox"/> LDR	<input type="checkbox"/> MDR	<input type="checkbox"/> MU	<input type="checkbox"/> COM	<input type="checkbox"/> MBI
	<input type="checkbox"/> IND	<input type="checkbox"/> CIU	<input type="checkbox"/> REC	<input type="checkbox"/> CNS	<input type="checkbox"/> PC

Current Zoning District:	<input type="checkbox"/> R-1 <input type="checkbox"/> R-1E <input type="checkbox"/> R-2 <input type="checkbox"/> YC <input type="checkbox"/> MX-1 <input type="checkbox"/> REC <input type="checkbox"/> MX-2 <input type="checkbox"/> MB <input type="checkbox"/> CTP <input type="checkbox"/> CF <input type="checkbox"/> CG <input type="checkbox"/> PUD
Proposed Zoning District:	<input type="checkbox"/> R-1 <input type="checkbox"/> R-1E <input type="checkbox"/> R-2 <input type="checkbox"/> YC <input type="checkbox"/> MX-1 <input type="checkbox"/> REC <input type="checkbox"/> MX-2 <input type="checkbox"/> MB <input type="checkbox"/> CTP <input type="checkbox"/> CF <input type="checkbox"/> CG <input type="checkbox"/> PUD

<p>Provide a statement on the purpose and justification on the proposed change in zoning district.</p>

OWNER'S CONSENT AND DESIGNATION OF AGENCY

I, _____, the fee simple owner of the following described property (give legal description):

hereby petition the City of Fort Walton Beach for *Approval of a Rezoning* and affirm that _____ is hereby designated to act as agent on my behalf to accomplish the above.

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand this application; attachments and fees become part of the official records of the City of Fort Walton Beach, Florida, and are not returnable.

(Owner's Signature)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____ by _____, who is personally known to me or has produced _____ as identification and who did take an oath.

(Printed Name of Notary Public)

(Signature of Notary Public)

Commission # _____. My commission expires _____.

(Notary's Seal)

STATEMENT OF PURPOSE

Provide a statement indicating how the proposed zoning district is consistent with the land use category of the subject property.

Provide a statement indicating how the proposed zoning district is consistent with the goals, objectives, and policies of the Comprehensive Plan.

Describe the existing land use pattern at the subject property.

Describe how the proposed zoning district is more appropriate than the current zoning district.

Describe the potential impacts of the proposed rezoning on the surrounding neighborhood.

Will the proposed change in zoning district create an isolated district unrelated to adjacent districts? Yes No