



## Application for Zoning Map Amendment (Rezoning)

Circle Jurisdiction That Applies:

*City of Sanford*

*Lee County*

*Town of Broadway*

1. Applicant Name: \_\_\_\_\_
2. Applicant Address: \_\_\_\_\_  
\_\_\_\_\_
3. Applicant Telephone: \_\_\_\_\_
4. Name and Address of Property Owner (if different than applicant):  
\_\_\_\_\_  
\_\_\_\_\_
5. Location of Subject Property: \_\_\_\_\_  
Lee Co. P.I.N. \_\_\_\_\_
6. Total Area included in Rezoning Request: \_\_\_\_\_ Acres
7. Zoning Classification: Current: \_\_\_\_\_ Requested: \_\_\_\_\_
8. Existing Land Use(s): \_\_\_\_\_
9. Reason(s) for Requesting a Zoning Map Amendment (Rezoning): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Signature(s) of Applicant (and Property Owners if different from Applicant).

*I hereby acknowledge that the information contained herein is true. It is further understood that this application will be reviewed for completeness and accuracy and that it shall not be scheduled for official consideration until all required contents are submitted in proper form to the City of Sanford/ Lee County Community Development Department.*

Signature

Date

_____	_____
_____	_____
_____	_____

### Required Attachments/Submittals

- A. A copy of a current Lee County Tax Map illustrating the location of the area to be rezoned. If the exterior boundary of the area to be rezoned does not follow along existing property boundaries, then the applicant shall be required to submit a metes and bounds (legal) description describing the area requested for rezoning.
- B. If the requested rezoning is for a Conditional Zoning District, a *Supplemental Application for Conditional Zoning District* must also be included.
- C. Application fee is required before processing the application.
- D. The application submission deadline is the second Friday of each month for the rezoning to be heard the following month.

### STAFF USE ONLY

Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Application No. \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_