



**AMENDMENT TO APPLICATION**

<b>DATE RECEIVED:</b>	<b>EXISTING FILE #</b>
	<b>Application Fee: \$500.00</b>

**Application and all pertinent required data (listed below) MUST be submitted with this application**

1. Type of application you are amending?

2. What is your existing file number?

**3. Applicant / Agent (Must be same as your original application)**

Name

Address	City	State	Zip
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Phone	Email address
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**4. Property Address**

Address:

Parcel ID /Account #	Lot #	Block#	Section	Short Legal
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**5. Explanation for Amendment (be specific – include all supporting documentation)**

I, the undersigned, being first duly sworn, testify and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of all of the property described and which is the subject matter of the proposed hearing; that all answers to the questions in this application, and all sketches, data and other supplementary material attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the hearing can be advertised, and that I am authorized to sign the application by the owner or owners.

By submitting this application the owner(s) of the subject property does hereby grant his/her consent to the Zoning Official and his/her designee, to enter upon the subject property for the purposes of making any examinations, surveys, measurements, and inspections deemed necessary to evaluate the subject property relative to this application.

**AFFIDAVIT**

Signature of Owner or Authorized Agent

Print Name & Title

Date

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

\_\_\_\_\_  
 Notary Public, State of Florida

\_\_\_\_\_  
 My commission Expires

(Seal)