

# City of Punta Gorda, Florida



**ZONING & CODE COMPLIANCE**

326 West Marion Avenue  
 Punta Gorda, Florida 33950  
 941-575-3352 Telephone  
 941-575-3310 Fax  
[zoning@pgorda.us](mailto:zoning@pgorda.us)  
[pgcode@pgorda.us](mailto:pgcode@pgorda.us)

## REQUEST FOR CONTINUANCE APPLICATION

<b>Date Received:</b> <b>Application Fee: \$500.00</b>	<b>EXISTING FILE #:</b>
---	-------------------------

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

<b>1. Type of application you are requesting a continuance?</b>				
<b>2. What is your existing file number?</b>				
<b>3. Applicant / Agent (Must be same as your original application)</b>				
Name:				
Address:	City:		State:	Zip:
Phone:		Email address		
<b>4. Property Address</b>				
Address:				
Parcel ID /Account #	Lot #	Block#	Section	Short Legal
<b>5. Length of Continuance (indicate month &amp; year)</b>				
<b>6. Explanation for Continuance (use additional sheet if necessary)</b>				

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)