



6603 East Highway 22
Callaway, Florida 32404
(850)871-4672 - Telephone
(850)871-2404 – Fax
www.cityofcallaway.com

Amanda Richard
Director of Planning

J. Michael Fuller
Senior Planner

Lisa Koepke
Assistant Planner

APPLICATION FOR REZONING

1. Applicant(s) Name: _____
Applicant(s) Address: _____
Applicant(s) Phone: _____ Fax #: _____
Date of Application: _____
2. Rezone from: _____ to: _____
3. Parcel ID #: _____
4. Legal Description of site to be rezoned: _____

5. Driving directions to site: _____

6. Name and address of property owner(s) according to most recent ad valorem tax records:
(Year _____) _____

7. If applicant does not own the property, give name(s), address(s) and telephone number(s) of the owner(s). (Must attach statement of consent from owner(s): _____

8. Property address to be rezoned:

(Address must be obtained from County prior to Planning Board Meeting)

9. Present Property Tax Classification: _____

10. Proposed Property Tax Classification: _____

11. Purpose of Rezoning:

12. Additional pertinent information:

Signature of Applicant(s): _____ Date: _____
_____ Date: _____

Information: The Planning Board meets the first and third Tuesday of each month at 7:00 p.m. at the Callaway Arts & Conference Center, Public Meeting Hall, located at 500 Callaway Park Way.

To be submitted with application:

- a) 3 copies of the deed to the property.
b) 3 copies of a survey of the property.
c) A copy of the most recent Ad Valorem tax statement.
d) A check for \$300. If the Zoning Application is submitted with a Petition for Annexation, the fee is \$500 for both.

(Do Not Write Below This Line)

Planning Board Action Date _____	City Commission Action Date _____
Restrictions or Special Conditions: _____	
Rezone: From _____	To _____
Received _____	Fee Paid _____ Reviewed by _____