Public Works Department
324 S Berthe Avenue, Callaway, FL 32404
Phone (850) 871-1033
www.cityofcallaway.com

# APPLICATION FOR REZONING

1. Applicant(s) name:_____

   Applicant(s) address: _____

   Applicant(s) phone: _____Email:_____

   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 form): _____

   _____

   _____

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: _____

To be submitted with application:
Incomplete submittals will not be reviewed

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** | _____ |