

CITY OF BROOKSVILLE CONDITIONAL USE PERMIT APPLICATION

FEE: \$100.00 + Administrative Costs (Fee Resolution No. 2018-01)

Date: _____

Print/Type all information. If you need any assistance, call the Community Development Department at (352) 540-3810.

APPLICANT:	
Mailing Address: _____	
Daytime Telephone: _____	E-Mail Address: _____
REPRESENTATIVE:	
Mailing Address: _____	
Daytime Telephone: _____	E-Mail Address: _____
PRIMARY CONTACT FOR THIS APPLICATION:	
Daytime Telephone: _____	E-Mail Address: _____
Legal Description: Write below the complete legal description of the property. Include Section, Township and Range; and if applicable, Subdivision Name, Lot, Block, and Unit Number. Attach additional sheet if necessary. _____	
Size of Area Covered by Application: _____	
Highway and Street Boundaries: _____	
Current Zoning Classification: _____	
Conditional Use Requested: _____	
REQUIRED SUBMITTAL:	
<input type="checkbox"/> Brief narrative describing proposed project <input type="checkbox"/> Deed <input type="checkbox"/> Owner affidavit (attached) <input type="checkbox"/> Appointment of Agent (if applicable) (attached) <input type="checkbox"/> Survey or Plot Plan	
Has a public hearing been held on this property within the past twelve months? _____	
ACKNOWLEDGMENT	
This acknowledgment must be signed in the presence of a Notary Public.	
I, _____, hereby state and affirm that all information submitted within this petition is in all respects true and correct to the best of my knowledge and belief and that:	
<input type="checkbox"/> I am the owner of the property covered under this application. <input type="checkbox"/> I am the legal representative of the owner or lessee of the property described, which is the subject matter of this application.	
_____ Signature of Applicant or Representative	
STATE OF FLORIDA	
COUNTY OF HERNANDO	
The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally know to me or who has produced _____ as identification.	
_____ Signature of Notary Public	_____ Notary Seal/Stamp

APPOINTMENT OF AGENT

**CITY OF BROOKSVILLE
COUNTY OF HERNANDO
STATE OF FLORIDA**

I, _____, the owner(s) in fee simple of the below described real property hereby appoint _____ as my (our) agent to file required petitions, sign required documents, make representations as to issues of fact and to appear, as may be necessary, before the appropriate City of Brooksville authority. My agent shall also have the authority to commit myself as owner to the necessary future performance conditions as may be directed by the appropriate City authority as a condition of granting my petition.

(Insert Legal Description Below)

Signature of Owner

Printed Name of Owner

Date

Signature of Owner

Printed Name of Owner

Date

Signed in the presence of:

WITNESSES:

Signature of Witness

Printed Name of Witness

Date

Signature of Witness

Printed Name of Witness

Date

OWNER OR AGENT AFFIDAVIT

**CITY OF BROOKSVILLE
COUNTY OF HERNANDO
STATE OF FLORIDA**

I, _____, being duly sworn, hereby
depose and say _____ is (are) the owner(s) of
the herein described property to-wit:

(Insert Legal Description Below)

Signature of Owner

Printed Name of Owner

Date

Signature of Owner

Printed Name of Owner

Date

STATE OF FLORIDA
COUNTY OF HERNANDO

Sworn to (or affirmed) and subscribed before me this ___ day of _____, 20____,

by _____ (Print Name(s)),

who is (are) personally known to me _____ or who has produced identification

_____, Driver's License #: _____.

Signature of Notary Public

Notary Stamp/Seal