



City of Apopka
Community Development Department
120 E. Main Street
P. O. Box 1229
Apopka, Florida 32704-1229
407-703-1739 - Phone -- 407-703-1791 - Fax

-- FOR OFFICIAL USE ONLY--	
DATE SUBMITTED:	
FEE PAID: \$	
CHECK #:	
RECEIPT #:	

APPLICATION FOR
FUTURE LAND USE AMENDMENT
AND/OR ZONING AMENDMENT

REQUEST	
	Large Scale Future Land Use (FLU) Change (>10 acres)
	Small Scale Future Land Use (FLU) Change (<10 acres)
	Zoning Amendment

Owner of Record:	Phone:	
Address:		
City:	State:	Zip:
Applicant:	Phone:	
	E-mail:	
Address:		
City:	State:	Zip:

Subject Property Parcel I.D. #	
Subject Property Address:	
Subject Property Size (acres):	

ADJACENT PROPERTY:			
Direction	Circle One	Future Land Use	Present Use
North	City / County		
East	City / County		
South	City / County		
West	City / County		

Application for Future Land Use and/or Zoning Amendments

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Existing Use:		Proposed Use:	
FLU Amendment:	FROM:	TO:	
Zoning Amendment:	FROM:	TO:	

Number of Persons Residing on the Subject Property:	
Improvements Existing on Property:	
Additional Conditions Requested by Applicant:	

Circle either YES or NO if the following public improvement(s) are available either on or adjacent to the subject property:

Paved Street Meeting City Standards:		Yes		No
Curb and Gutter:		Yes		No
Stormwater Drainage:		Yes		No
Water:		Yes		No
Sewer:		Yes		No
Street Lights:		Yes		No
Underwriter Approve Fire Hydrant:		Yes		No
Other:				

Application for Future Land Use and/or Zoning Amendments

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I (We) hereby appoint (print name): _____
to serve as representative at all public hearings regarding my (our) property.

I (We), the undersigned owner(s) for the Future Land Use and/or Zoning Amendment of the above described property in the City of Apopka, Florida, do hereby agree to Indemnify and Hold Harmless the City of Apopka, Florida, its elected officials, officers, agents, and assigns for any and all damages, attorney fees and costs incurred by said City in any instance in which the City must expend funds and/or defend its decisions regarding the granting of the above referenced application.

BY: _____
Owner(s) of Record (Signature)

(Print Name)

BY: _____
Owner(s) of Record (Signature)

(Print Name)

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____,
By _____ who is personally known to me or has produced
_____ as Identification and who did / did not (circle one) take
an oath.

Notary Public (Signature)

My Commission Expires: _____

Notary Public (Print Name)