

# Disclaimer

**F.S. 125.022 Disclaimer: Issuance of a development permit or development order by Columbia County does not in any way create any rights on the part of the applicant to obtain a permit from a state or federal agency and does not create any liability on the part of the county for issuance of the permit if the applicant fails to obtain requisite approvals or fulfill the obligations imposed by a state or federal agency or undertakes actions that result in a violation of state or federal law.**



# Columbia County Gateway to Florida

<b>FOR PLANNING USE ONLY</b>	
Application #	_____
Application Fee	_____
Receipt No.	_____
Filing Date	_____
Completeness Date	_____

## Miscellaneous Zoning Request

### SELECT REQUESTED ZONING PROCESS:

- \_\_\_ Zoning approval for State issued Alcohol License
- \_\_\_ Written Statement of Land Use and Zoning
- \_\_\_ Flood Determination Letter
- \_\_\_ Zoning Regulation or Decisions Appeal
- \_\_\_ Other \_\_\_\_\_

### A. PARCEL INFORMATION

- Address of Subject Property: \_\_\_\_\_
- Parcel ID Number(s): \_\_\_\_\_
- Future Land Use Map Designation: \_\_\_\_\_
- Zoning Designation: \_\_\_\_\_

### B. APPLICANT INFORMATION

- Applicant Status     Owner (title holder)             Agent
- Name of Applicant(s): \_\_\_\_\_ Title: \_\_\_\_\_
- Company name (if applicable): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_
- If the applicant is agent for the property owner\*.  
Property Owner Name (title holder): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from government officials regarding government business is subject to public records requests. Your e-mail address and communications may be subject to public disclosure. \*Must provide an executed Property Owner Affidavit Form authorizing the agent to act on behalf of the property owner.**

**C. ADDITIONAL INFORMATION**

- 1. Is there any additional contract for the sale of, or options to purchase, the subject property?
- 2. If yes, list the names of all parties involved: \_\_\_\_\_  
 If yes, is the contract/option contingent or absolute:  Contingent  Absolute
- 3. Has a previous application been made on all or part of the subject property:  
 Future Land Use Map Amendment:  Yes \_\_\_\_\_  No \_\_\_\_\_  
 Future Land Use Map Amendment Application No. CPA \_\_\_\_\_  
 Site Specific Amendment to the Official Zoning Atlas (Rezoning):  Yes \_\_\_\_\_  No \_\_\_\_\_  
 Site Specific Amendment to the Official Zoning Atlas (Rezoning) Application No. Z \_\_\_\_\_  
 Variance:  Yes \_\_\_\_\_  No \_\_\_\_\_  
 Variance Application No. V \_\_\_\_\_  
 Special Exception:  Yes \_\_\_\_\_  No \_\_\_\_\_  
 Special Exception Application No. SE \_\_\_\_\_

**D. REQUESTED PROCESS DETAILS:**

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**Please provide any additional information necessary to process and review your request.**

**For submittal requirements, please see the Columbia County Building and Zoning Development Application Submittal Guidelines.**

I hereby certify that all of the above statements and statements contained in any documents or plans submitted herewith are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant/Agent Name (Type or Print)

\_\_\_\_\_  
Applicant/Agent Signature

\_\_\_\_\_  
Date

# APPLICATION AGENT AUTHORIZATION FORM

TO: Columbia County Zoning Department  
135 NE Hernando Avenue  
Lake City, FL 32055

## Authority to Act as Agent

On my/our behalf, I appoint \_\_\_\_\_  
(Name of Person to Act as my Agent)

for \_\_\_\_\_  
(Company Name for the Agent, if applicable)

to act as my/our agent in the preparation and submittal of this application  
for \_\_\_\_\_  
(Type of Application)

I acknowledge that all responsibility for complying with the terms and conditions for approval of this application, still resides with me as the Applicant/Owner.

Applicant/Owner's Name: \_\_\_\_\_

Applicant/Owner's Title: \_\_\_\_\_

On Behalf of: \_\_\_\_\_  
(Company Name, if applicable)

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant/Owner's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The Foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. by \_\_\_\_\_, whom is personally known by me  OR produced identification . Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
(Notary Signature) (SEAL)