

**TROPIC TOWN ZONE CHANGE APPLICATION**

Date Application Filed \_\_\_\_\_

Current Zone: \_\_\_\_\_

Requested Change Zone: \_\_\_\_\_

(Staff of Tropic Town to designate above in accordance with Ordinance #992004 "Zoning Ordinance")

Name of Applicant(s) \_\_\_\_\_

Address of Applicant(s) \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

\_\_\_\_\_

(If there is any other person(s) designated as a contact in completing this Re-zone please attach their contact information as well.)

Legal description of property to be Re-zoned \_\_\_\_\_

Tax ID Number of Parcel to be Re-zoned \_\_\_\_\_

Proposed Use \_\_\_\_\_

I hereby certify the above and foregoing information to be true and correct to the best of my knowledge, and that I am the current owner of record, or that I have attached hereto a notarized statement from the owner of record certifying his knowledge of my application for zone change, and my intended use of the property listed herein.

Signature: \_\_\_\_\_

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

Re-zoning \$100 Fee Paid: _____	Date: _____
Amending Zoning Map Fee Paid: _____ (\$50 – upon approval)	
Date of Public Hearing to be held: _____	
Authorized By: _____	