



# Office of Planning & Zoning

## Zoning Clearance Application

Please submit a plot plan (to scale) and a property record card with this application

Date: \_\_\_\_\_ Alternate Key: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Description: Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Proposed development: \_\_\_\_\_

- Single-Family or Accessory Dwelling Unit – Living Area: \_\_\_\_\_ Total Area: \_\_\_\_\_
- Residential Addition – Living Area (additional): \_\_\_\_\_ Total Area (additional): \_\_\_\_\_
- Accessory Structure – Dimensions: \_\_\_\_\_

Existing structures on the site: \_\_\_\_\_

Water supplier (or well) \_\_\_\_\_ Sewer provider (or septic tank) \_\_\_\_\_

Will you be removing any trees on this property? \_\_\_\_\_ Are there any Gopher Tortoises on the site? \_\_\_\_\_  
 Are wetlands, water bodies, flood-prone areas, etc., on or adjacent to the property? \_\_\_\_\_  
 What type of road does the property front on? \_\_\_\_\_

### To be completed by staff

ZC # \_\_\_\_\_ Address #: \_\_\_\_\_ Trees Required \_\_\_\_\_ Commissioner \_\_\_\_\_ School \_\_\_\_\_ R&P \_\_\_\_\_

Platted Lot: \_\_\_\_\_ Yes \_\_\_\_\_ No Green Swamp ACSC \_\_\_\_\_ Yes \_\_\_\_\_ No Wekiva RP Area \_\_\_\_\_ Yes \_\_\_\_\_ No

Census Tract \_\_\_\_\_ Road # \_\_\_\_\_ Wetland Affidavit \_\_\_\_\_ Yes \_\_\_\_\_ No

Flood Map Page: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ Lot Size \_\_\_\_\_ Overlay District: \_\_\_\_\_

Zoning \_\_\_\_\_ Future Land Use Category \_\_\_\_\_ Meets ISR \_\_\_\_\_ Yes \_\_\_\_\_ No

Min S.F. \_\_\_\_\_ Lot grading: \_\_\_\_\_ Required \_\_\_\_\_ Exempt: Reason for exemption: \_\_\_\_\_

Setbacks: Front \_\_\_\_\_ 2nd Front \_\_\_\_\_ Sides \_\_\_\_\_ Rear \_\_\_\_\_

Have impact fees been prepaid or concurrency capacity reservation fees been paid for the property? \_\_\_\_\_

This application and plot plan have been reviewed for compliance with the Lake County Comprehensive Plan and Land Development Regulations.

Zoning permit approved by \_\_\_\_\_ Date \_\_\_\_\_ Expires 30 days after issue date.

Environmental Health Department use only: Staff: \_\_\_\_\_ Permit No.: \_\_\_\_\_

No. of Bedrooms: \_\_\_\_\_ Height above natural grade: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_