



# City of Frostproof

• 111 West First Street • PO Box 308 • Frostproof, Florida 33843 • (863) 635-7855 • Fax (863) 635-7856

## **Petition for Comprehensive Plan Amendment and/or Assignment of a Zoning District Classification**

### **Applicant**

The following information is required for submission of an application for a Comprehensive Plan Amendment or a Zoning District Classification within the City limits of Frostproof, Florida.

**Please print or type the required information below. Attach three copies of a current survey, deed, or information from the Polk County Property Appraiser's Office for the subject property along with an aerial photograph, if available, and a location map.**

Name of Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Representative, if applicable: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

### **Property Identification**

Property Address or General Location: \_\_\_\_\_

Present Use of the Property: \_\_\_\_\_

Existing Structures Located on the Site: \_\_\_\_\_

Total Acreage: \_\_\_\_\_ Number of Residents on Site: \_\_\_\_\_

Legal Description of the Property: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Parcel I.D.#: \_\_\_\_\_

### **Planning and Zoning Information**

Requested City Zoning Classification: \_\_\_\_\_

Requested City Future Land Use Designation: \_\_\_\_\_

**Note:** Unless specific land use and zoning designations are requested, the City will assign designations, which most closely conform with the actual use of the property or to designations of surrounding properties. An application fee will be assessed only on requests for land use and zoning changes which result in an increase in land use or zoning intensity over that allowed under the County designations.

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

Received By: \_\_\_\_\_

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

File Number: \_\_\_\_\_

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**OWNER'S SIGNATURE PAGE**

(I) (We), \_\_\_\_\_ being duly sworn, depose and say that (I) (we) own one or more of the properties involved in this petition and that (I) (we) authorize the City of Frostproof to process this petition for a Comprehensive Plan Amendment or for the assignment of a Zoning Classification, in accordance with all adopted City rules and regulations, and in conformance with State law.

Further (I) (we) or any agent or lessee of the subject property authorized by (me) (us) to file this petition, deposes and say that the statements and answers contained in the application and any information attached thereto, present the arguments in behalf of this petition to the best of (my) (our) ability; and that the statements and information referred to above are in all respects true and correct to the best of (my) (our) knowledge and belief.

**OWNERS**\_\_\_\_\_  
Signature of Owner\_\_\_\_\_  
Signature of Owner\_\_\_\_\_  
Printed Name of Owner\_\_\_\_\_  
Printed Name of Owner\_\_\_\_\_  
Signature of Owner\_\_\_\_\_  
Signature of Owner\_\_\_\_\_  
Printed Name of Owner\_\_\_\_\_  
Printed Name of Owner

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STATE OF FLORIDA  
COUNTY OF POLK**OWNER'S NOTARIZATION**

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced a driver's license as identification and who did not take an oath.

\_\_\_\_\_  
Notary Public  
Notarial Seal and Commission  
Expiration Date

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**AGENT, LESSEE, OR BUYER'S SIGNATURE PAGE**

(I) (We), \_\_\_\_\_ being  
duly sworn, depose and say that (I) (we) serve as \_\_\_\_\_ for the owner(s)  
(agent or lessee)  
in making this petition and that the owner(s) (has) (have) authorized (me) (us) to act in this  
capacity.

Further, (I) (we) depose and say that the statements and answers herein contained and other  
information attached hereto present the arguments in behalf of the petition herein requested to  
the best of (my) (our) ability and that the statements and information above referred to are in all  
respects true and correct to the best of (my) (our) knowledge and belief.

**AGENT, LESSEE, OR BUYER(S)**

\_\_\_\_\_  
Signature of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Signature of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Printed Name of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Printed Name of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Signature of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Signature of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Printed Name of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Printed Name of Agent, Lessee, or Buyer(s)

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STATE OF FLORIDA  
COUNTY OF POLK

**AGENT, LESSEE, OR BUYER(S) NOTARIZATION**

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_, who is personally known  
to me or who has produced a driver's license as identification and who did not take an oath.

\_\_\_\_\_  
Notary Public  
Notarial Seal and Commission  
Expiration Date