



Board of County Commissioners

DEPARTMENT OF GROWTH MANAGEMENT

LAND DEVELOPMENT DIVISION

3600 W. Sovereign Path, Suite 140

Lecanto, FL 34461

Telephone: (352) 527-5239

TTY Dial 711

Web Address: www.citrusbocc.com

CITRUS COUNTY LAND DEVELOPMENT CODE
ATLAS AMENDMENT APPLICATION

Application No.: _____ Date: _____

* Written Authorization is required if Applicant is different than Owner.

Applicant*

Property Owner

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Home No.: _____ Cell No.: _____ Home No.: _____ Cell No.: _____

Work No.: _____ Fax No.: _____ Work No.: _____ Fax No.: _____

Email: _____ Email: _____

Property Description: Section: _____ Township: _____ South Range: _____ East

Legal Description: _____

Subdivision: _____ Lot(s): _____ Block/Parcel: _____

Alternate Key #: _____ Parcel ID: _____

Acreage: _____

_____ Amendment to the Land Development code Atlas From: _____ To: _____

_____ Amendment to a Previously Approved Planned Development Previous Application No.: _____

Is this hearing being requested as a result of a Code Violation Notice? Yes _____ No _____

If "Yes", explain on a separate sheet and attach a copy of the Notice of Violation.

Applicant Request(s): _____

Directions to Property: _____

The Applicant is: _____ Owner of Tract _____ Agent for Property Owner

_____ One-Owner Among Several _____ Other (specify)

I am aware that if the property cannot be located using information from the submitted application, this application may be rescheduled to a later hearing date. I also understand that a sign must be placed (and marking flags may be placed) on the property by the Land Development Division at least seven days prior to the scheduled meeting.

I understand that approval for the proposed use shown hereon does not in any way relieve me of the responsibility of observing and complying with any deed restrictions applicable to the subject property.

I hereby authorize Citrus County or its agents to enter upon the property, which is the subject of this application and the date of the hearing thereon, at any time between the hours of 8:00 AM and 5:00 PM for the purpose of gathering any information relevant to this application.

I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature: _____

STATE OF FLORIDA
COUNTY OF CITRUS

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared _____, who is personally known to me or provided _____ as identification and who did not take an oath.

WITNESS my hand and official seal this _____ day of _____, _____.

Printed Name

Seal

Notary Public - State of Florida

For Staff Use Only

Date: _____

Time: _____

Initials: _____

ATF: _____

QTR: _____

LUD: _____

GFLUM Des: _____

FZ: _____