



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
CONDITIONAL USE APPLICATION**

Application No.: _____ Date: _____

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

Applicant*

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home No.: _____ Cell No.: _____

Work No.: _____ Fax No.: _____

Email: _____

Property Owner

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home No.: _____ Cell No.: _____

Work No.: _____ Fax No.: _____

Email: _____

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

Legal Description: _____

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

Alternate Key #: _____ Parcel ID: _____

Acreage: _____

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.

Conditional Use Request: _____

Describe how it will/will not affect surrounding development: _____

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.



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Toll Free (352) 489-2120 TTY (352) 527-5312

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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: _____

FZ: _____