



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 771
Web Address: www.citrusbocc.com

CITRUS COUNTY LAND DEVELOPMENT CODE PLANNED UNIT DEVELOPMENT APPLICATION

Application No.: _____ Date: _____
* Written Authorization is required if Applicant is different than Owner.

Applicant*

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Email: _____

Property Owner

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Email: _____

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

Legal Description: _____
Subdivision: _____ Lot(s): _____ Block/Parcel: _____
Alternate Key #: _____ Parcel ID: _____
Acreage: _____

New Planned Unit Development

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 _____, _____.

Signature

Printed Name

Seal

For Staff Use Only

Date: _____

Time: _____ Initials: _____