CITY OF DEBARY
Planning, Zoning & Development
Zoning Verification/Interpretation Request
16 Colomba Rd, DeBary, Florida 32713
(386) 601-0204

An interpretation of the text of the City of DeBary Land Development Code and the City's Official Zoning Map may be requested by any, resident, land owner or any person having a contractual interest in land in the City of DeBary. If you are in need of a zoning verification/interpretation you must submit this request at least 5 days prior to day you need the letter back from the City of DeBary. Make sure that the property is located within the DeBary city limits prior to requesting a letter.

Complete the form and submit it with the required application fee per tax parcel number to DeBary City Hall.

<table>
<thead>
<tr>
<th>APPLICANT*</th>
<th>OWNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
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<tr>
<td>City/State/Zip:</td>
<td>City/State/Zip:</td>
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<tr>
<td>Phone:</td>
<td>Phone:</td>
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<tr>
<td>Email Address:</td>
<td>Email Address:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Contact Person:</td>
</tr>
</tbody>
</table>

Applicant is: ☐ Owner ☐ Attorney for Owner* ☐ Agent for Owner* ☐ Contract Purchaser*

*If you are NOT the property owner, you must have the owner complete the Notarized Authorization of Owner form.

<table>
<thead>
<tr>
<th>PROJECT INFORMATION</th>
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<tbody>
<tr>
<td>Project Name:</td>
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<tr>
<td>Address of parcel:</td>
</tr>
<tr>
<td>Short Parcel ID Number(s):</td>
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<tr>
<td>Size of parcel:</td>
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<tr>
<td>Existing zoning:</td>
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<tr>
<td>Existing Use of Property:</td>
</tr>
<tr>
<td>Future Land Use:</td>
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</table>

Utility Providers: ☐ Private Septic/Well* ☐ Central Sewer/Water: ☐ Other:

Requested Interpretation (please provide a complete description of the interpretation question, with an explanation of the basis for the question as well as a complete description of your proposed land use):

____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

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NOTARIZED AUTHORIZATION OF OWNER

I/We, ____________________________
(owner(s) name(s))

are the sole or joint fee simple title holder(s) of the property described as:

______________________________________________
(legal description or parcel number)

authorize _______________________________ to act as my agent
to seek (applicants name)

__________________________________________ on the above

property (i.e., special exception, rezoning, variance, etc.)

Signature (Property Owner)

STATE OF FLORIDA
COUNTY OF __________________________

This foregoing instrument was acknowledged before me this: ______ day of ________ 20______
by: _________________________________

Who
____ PERSONALLY known to me
____ Florida Driver’s License
____ Other type of Identification

Signature of Notary

Type/Print Name of Notary

Commission Number Expiration Date

Notary Stamp

Signature (Property Owner)

STATE OF FLORIDA
COUNTY OF __________________________

This foregoing instrument was acknowledged before me this: ______ day of ________ 20______
by: _________________________________

Who
____ PERSONALLY known to me
____ Florida Driver’s License
____ Other type of Identification

Signature of Notary

Type/Print Name of Notary

Commission Number Expiration Date

Notary Stamp