City of Winter Haven
Application for Special Approval

Planning Division
451 Third Street, NW
Winter Haven, Florida 33881
Telephone: 863-291-5600

For Official Use Only:

Date Received: _____ Received By: _____

Fee Received: _____ Receipt Number: _____

Case Number: _____ Meeting Date: _____

Contact Information:

Name of Applicant/Property Owner: _____

Mailing Address: _____

Phone: _____ Email:_____

Name of Agent, if applicable: _____

Mailing Address: _____

Phone: _____ Email:_____

Property Information:

Location of Property: _____

Zoning of Property: _____

Future Land Use of Property: _____

Parcel Identification Number(s): _____

Legal Description of the Property (attach metes and bounds description if applicable):

_____

_____

Present Use of Property: _____

Total Acreage: _____

Description of Proposed Use:

1. What is the proposed use for this location?

_____

_____

_____

_____

2. What is the size of the proposed use?

_____

_____

_____

_____

3. What are the projected hours of operation? _____

4. How many employees will be located at this site? _____

5. How many off-street parking spaces will be provided? _____

6. Projected number of vehicle trips that will be generated by this use: _____

7. Please submit the following support documentation:
   a. Location map showing parcel(s) and location of all streets serving the site.
   b. Site plan, drawn to scale, showing all buildings; parking areas; access points to property; locations of refuse containers; locations of signs; and landscaping buffer areas.
   c. Map showing location of all utilities intended to serve the development site.
   d. Map showing all wetland locations and flood prone areas.

Agent, Lessee, or buyer signature

STATE OF FLORIDA:
COUNTY OF POLK:

(I) (WE) _____ being duly sworn, depose and say that (I) (WE) serve as _____
Agent or Lessee
For the owner(s) 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 statement and information above referred to are in all respects true and correct to the best of (my) (our) knowledge and belief.

SIGNED:_____ SIGNED: _____

SIGNED:_____ SIGNED: _____

STATE OF FLORIDA:
COUNTY OF POLK:

The foregoing instrument was acknowledged before me this _____day of _____, 20_____, by_____, who is personally known to me or has produced _____as identification and who (did) (did not) take an oath.

_____
SIGNATURE OF NOTARY PUBLIC

_____
TYPED OR PRINTED NAME OF NOTARY PUBLIC

STAMP AND DATE MY COMMISSION EXPIRES: _____

Ownership signature

STATE OF FLORIDA:
COUNTY OF POLK:

(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) have familiarized (myself) (ourselves) with the rules and regulations of the Planning Commission with respect to preparing and filing this petition and that the foregoing 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 statement and information above referred to are in all respects true and correct to the best of (my) (our) knowledge and belief.

SIGNED:_____ SIGNED: _____

SIGNED:_____ SIGNED: _____

STATE OF FLORIDA:
COUNTY OF POLK:

The foregoing instrument was acknowledged before me this _____day of _____, 20_____, by_____, who is personally known to me or has produced __ _____as identification and who (did) (did not) take an oath.

_____
SIGNATURE OF NOTARY PUBLIC

_____
TYPED OR PRINTED NAME OF NOTARY PUBLIC

STAMP AND DATE MY COMMISSION EXPIRES: _____