

**CITY OF WILLISTON
APPLICATION FOR
ZONING CHANGE**

(Completed application will need to be received by the first of the month prior to the Planning and Zoning Commission meeting, which meets the last Tuesday of the month)

Applicant's Name: _____

Applicant's Mailing Address: _____

Telephone Number: _____

Address where change requested: _____

Legal Owner of parcel: _____

Tax parcel ID# : _____

Legal Description of parcel: (attach exhibit if necessary)

Current Land Use/Zoning Map designation: _____

Requested Land Use/Zoning Map Designation: _____

Please provide the following:

1. A letter addressed to Liz Florence, Zoning Official, requesting a zoning change.
2. Proof of identification: Copy of tax deed.
3. Survey of land.

REZONING FEES (Make checks payable to the **City of Williston, PO Drawer 160, Williston, FL 32696**):

- | | |
|---|-------------------|
| a. Rezoning without land use map amendment | \$ 720.00 |
| b. Rezoning and small scale land use map amendment | \$ 720.00 |
| c. Rezoning and large scale land use map amendment | \$2,500.00 |

Application will be considered incomplete unless all the above is completed and provided.

Signature

Date

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Request for a Zoning Change:

1. Fill out the application for a Zoning Change, date and sign.
 - a. Address a letter to Liz Florence requesting the zoning change and reason it is needed.
 - b. Proof of identification: Copy of Tax Deed.
 - c. Survey of land. (If necessary)
2. The application has to be in the Zoning Department by the **first** of the month in order to be on the agenda at the end of that month.
3. The meeting of the Planning and Zoning Commission will be on the **last Tuesday** of the month. You will receive a letter from our office informing you of the date of your public hearing.
4. This office will notify the adjacent property owners of the public hearing date.
5. All information requested has to be filed with the application to be considered complete along with the check for the zoning change.