



CITY OF PARKLAND

Planning and Zoning Department

6600 University Drive, Parkland, Florida 33067 Telephone: (954) 753-5040 Fax: (954) 341-5161

STAFF USE ONLY

Intake Date: _____
By: _____
Fee Paid: _____
Receipt: _____
Petition # _____

WAIVER OF SITE PLAN AMENDMENT APPLICATION

INSTRUCTIONS TO APPLICANTS:

1. Please complete all sections of this application.
2. Provide copy of previously approved plans and documents and any documents showing the proposed modifications.

I. PROPERTY OWNER AND AGENT INFORMATION

Property Owner(s) of Record: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ E-Mail Address: _____

Applicant (if other than owner): _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ E-Mail Address: _____

II. PROPERTY LOCATION

A. Property Control Number (PCN): If additional PCNs, list on a separate sheet and attach to the application.

PCN: [] [] -- [] [] -- [] [] -- [] [] -- [] [] -- [] [] [] [] [] []

B. Project Name & Address/Location _____

III. APPLICANT STATEMENTS

A. List all proposed amendments. Be as specific as possible and provide plans that are clouded to show the proposed changes. If additional space is necessary, please attach a separate sheet. _____

B. Provide explanation why the proposed site plan amendment modifications are necessary. If additional space is necessary, please attach a separate sheet. _____
