



City of Parkland

Planning and Zoning Department

6600 University Drive, Parkland, FL 33067 Phone (954) 753-5040 Fax (954) 341-5161

STAFF USE ONLY
Intake Date: _____
By: _____
Fee Paid: _____
Receipt: _____
Petition #: _____

ZONING TEXT AMENDMENT APPLICATION

1. Please complete all questions on the application. If not applicable, indicate with N/A.
2. Provide required information as shown on the attached checklist.
3. A filing fee in the amount of two thousand five hundred dollars (\$2,500.00), advertising fees in the amount of one thousand nine hundred dollars (\$1,900.00) and professional fees in the amount of one thousand dollars (\$1,000.00) must accompany this application.

I. PROPERTY OWNER AND AGENT INFORMATION

AMENDMENT NAME: _____

Agent's Name: _____

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

Phone: _____ E-Mail Address: _____

Applicant's Name: _____

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

Phone: _____ E-Mail Address: _____

Correspondence Address: (If different than agent or applicant) _____

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

Phone: _____ E-Mail Address: _____

*This is the address to which all agendas, letters and other materials will be forwarded.

TYPE OF AMENDMENT (Check as appropriate)

Supplement (New Text) Modification Repeal

AFFECTED SECTIONS OF THE ZONING REGULATIONS:

ARTICLE _____, DIVISION _____, SECTION _____.

ARTICLE _____, DIVISION _____, SECTION _____.

ARTICLE _____, DIVISION _____, SECTION _____.

PETITIONER'S PROPOSED AMENDMENT (Provide specific wording) Provide attachments as necessary.

APPLICANT'S STATEMENT(S) OF JUSTIFICATION:

The applicant is to explain how the request conforms to the following findings:

1. Reason and need for the requested text change. (Why is the proposed zoning text amendment necessary?):

2. Reason for the present text being invalid or inappropriate. (State specific evidence or example of the claim.):

3. Explain how the proposed amendment complies with the objectives and purposes of the City's Comprehensive Plan. (With appropriate consideration as to whether the proposed change will further the purposes of these objectives or other City Codes, regulations and actions designed to implement the Comprehensive Plan)

OWNER ACKNOWLEDGEMENT

I/We: _____, do hereby swear/affirm that I/we am/are the owner(s) of the property referenced in this application

I/We certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that this application, attachments and fee become part of the official record of the Planning & Zoning Department of the City of Parkland and the fee is not refundable. I/We understand that any knowingly false information given by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. I/We further acknowledge that additional information may be required by the City of Parkland in order to process this application.

I/We further consent to the City of Parkland to publish, copy or reproduce any copyrighted document for any third party submitted as part of this application.

Signature(s) of Owner(s) _____

Print Name(s) _____

CONSENT STATEMENT
Owner to complete if using agent/representative

I/We, the aforementioned owner(s), do hereby give consent to _____ to act on my/our behalf to submit this application, all required material and documents, and attend and represent me/us at all meetings and public hearings pertaining to the request(s) and property I/we own described in the attached application. Furthermore, as owner(s) of the subject property, I/we hereby give consent to the party designated above to agree to all terms or conditions that may arise as part of the approval of this application for the proposed use.

Signature(s) of Owner(s) _____

Print Name(s) _____

NOTARY

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ He/She is personally known to me or has produced _____ as identification and did/did not take an oath.

(Signature of Notary)

My Commission Expires: _____

(NOTARY'S SEAL OR STAMP)



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ZONING TEXT AMENDMENT SUBMITTAL CHECKLIST

PLEASE CHECK		
YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Application Review and advertising fees.
- b. Completed application signed by applicant.
- c. Attachments as necessary to address:
 - Exact proposed text language
 - Justification for request



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ZONING TEXT AMENDMENT PROCESS

**Total time
approximately
3 to 4 months**

