



# Town of Dundee

• 135 Main Street • PO Box 1000 • Dundee, Florida 33838 • (863) 419-3100 • Fax (863) 419-3105

## Petition for a Comprehensive Plan Amendment (FORM 0204)

### Applicant

The following information is required for submission of an application for a Comprehensive Plan Amendment for the Town limits of Dundee, Florida. **Please print or type the required information below. Attach three copies of the current survey of subject property certified to the Town of Dundee along with an aerial photograph and location map.**

Name of Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Representative, if applicable: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

### Property Identification

Property Address or General Location: \_\_\_\_\_

Present Use of the Property: \_\_\_\_\_

Existing Structures Located on the Site: \_\_\_\_\_

Total Acreage: \_\_\_\_\_ Number of Residents on Site: \_\_\_\_\_

Assessed Property Value: \_\_\_\_\_ Taxable Value: \_\_\_\_\_

Legal Description of the Property: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Parcel I.D.#: \_\_\_\_\_

### Planning and Zoning Information

Current Future Land Use Classification: \_\_\_\_\_

Requested Future Land Use Classification: \_\_\_\_\_

**Note:** Unless specific land use and zoning designations are requested, the Town will assign designations, which most closely conform with the actual use of the property or with designations of surrounding properties. An application fee will be assessed on all requests for land use and zoning changes which result in an increase in land use or zoning intensity over that allowed under the County designations.

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

File Number: \_\_\_\_\_

**OWNER'S SIGNATURE PAGE**

(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) authorize the Town of Dundee to process this petition for Re-zoning and/or Comprehensive Plan Amendment, in accordance with all adopted Town rules and regulations, and in conformance with State law.

Further (I) (we) or any agent or lessee of the subject property authorized by (me) (us) to file this petition, deposes and say that the statements and answers contained in the application and any information attached thereto, present the arguments in behalf of this petition to the best of (my) (our) ability; and that the statements and information referred to above are in all respects true and correct to the best of (my) (our) knowledge and belief.

**OWNERS**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Printed Name of Owner

STATE OF FLORIDA  
COUNTY OF POLK

**OWNER'S NOTARIZATION**

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced a driver's license as identification and who did not take an oath.

\_\_\_\_\_  
Notary Public  
Notarial Seal and Commission  
Expiration Date

~~Town of Dundee~~

~~Re Zoning/CPA Application~~

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**AGENT, LESSEE, OR BUYER'S SIGNATURE PAGE**

(I) (We), \_\_\_\_\_ being  
duly sworn, depose and say that (I) (we) serve as \_\_\_\_\_ for the owner(s)  
(agent or lessee)

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 statements and information above referred to are in all  
respects true and correct to the best of (my) (our) knowledge and belief.

**AGENT, LESSEE, OR BUYER(S)**

\_\_\_\_\_  
Signature of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Printed Name of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Signature of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Printed Name of Agent, Lessee, or Buyer(s)

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Signature of Agent, Lessee, or Buyer(s)

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Printed Name of Agent, Lessee, or Buyer(s)

STATE OF FLORIDA

COUNTY OF POLK

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\_\_\_\_\_  
Notary Public  
Notarial Seal and Commission  
Expiration Date

