



Town of Dundee

135 Main St PO Box 1000 Dundee, Florida 33838 (863) 419-3114 Fax (863) 419-3186

APPLICATION FOR SPECIAL EXCEPTION

Applicant

The following information is required for submission of an application for a Special Exception consideration by The Town of Dundee Council.

Please print or type the required information below.

Name of Property Owner: _____

Mailing Address: _____ Phone: _____

Name of Representative, if applicable: _____

Mailing Address: _____ Phone: _____

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 Zoning District Classification: _____

Special Exception requested: _____

A statement substantiating the need and justification for the approval of Special Exception use sought relative to the development and/or improvement of the Town: _____

(Please use an additional sheet of paper to complete this portion of your application)

Signature of Applicant: _____

Print Name: _____ **Date:** _____

FILEE #: _____ **Date Paid:** _____ **Fee Paid:** _____

Check #: _____ **Receipt #:** _____

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 Special Exception, 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

Printed Name of Owner

Signature of Owner

Printed Name of Owner

Signature of Owner

Printed Name of Owner

Signature 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

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 on 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)

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)

STATE OF FLORIDA

AGENT, LESSEE, OR BUYER(S) NOTARIZATION

COUNTY OF POLK

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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