



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)

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

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

