



# Town of Dundee

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

## APPLICATION FOR SITE PLAN REVIEW

The following information is required for submission of an application for Site Plan Review.  
**Five sets of site plans of subject property certified to the Town of Dundee with an aerial photograph and location map must accompany this application.**

### **Applicant**

**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: \_\_\_\_\_

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

Property Appraiser's ID #: \_\_\_\_\_

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

### **Planning and Zoning Information**

Current Zoning District Classification: \_\_\_\_\_

Proposed Use or Description of Site Preparation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please attach a site plan and tabular summary in accordance with 7.05.01 (B)(3)&(4) )

**Signature of Applicant:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**File Number:** \_\_\_\_\_ **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 site plan review, 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 for site plan review, 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

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

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

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

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

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

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

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Signature of Agent, Lessee, or Buyer(s)

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

