



# 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

\_\_\_\_\_  
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

**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)

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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

**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