STAFF USE ONLY			
Intake Date:			
Fee Paid:			



TOWN OF HAVERHILL

PERMITTING AND LICENSING DEPARTMENT

4585 Charlotte Street, Haverhill, Florida 33417 561-689-0370

4505 Chanotte Circet, Havernin, Florida 55417 561-665-6576							
	APPL	ICATION FO	R TE	XT AMENI	DMENT		
Check	all that apply:	Zoning Cod	le 🗆	Compreh	ensive Plan		
INSTRUC [*]	TIONS TO APPLICAN	TS:					
1. 2. 3.	2. Provide required attachments (maps, plats, etc. if applicable) and ten (10) copies of this application.						
General Description of request (include name of project or development:							
Property (PRC	PERTY OWN					
	City:						
	e: (if other than prope						
	(ii otilei tilali prope						
Agent: _							
Address:			City:_	ST:	Zip:		
Telephone	e :		Cell:				

PROPERTY LOCATION

Property Control Num	nber:					
Section: Towr	nship:	Range:	_ Total # of acr	·es:		
Project Name:						
Project Address:				_		
General Location (c	closest	Intersection, in mile	es or fraction	thereof:	 	
	LANI	D USE AND ZONI	NG INFORM	MATION		
Present Zoning Designation:						
Future Land Use Designation:						
Existing Uses on Pro	operty:_					
Proposed Use:						
		WATER/SEWE	R/UTILITIE	ES		
Present Utilities: Wel	·II	_ County Water:	Sewer:_	Sept	ic:	
Underground Cablin	ıg:					
Proposed Utilities: W	Vell	County Wa	ter:Sev	ver:	_ Septic:	
Underground Cabling	g:				_	
		PROJECT DE	SCRIPTION	1		
Specific code section	or comp	prehensive plan polic	y proposed for	amendment:		
				_		
Proposed wording of	amende	d text:				

Proposed wording of amended text continued:					
Reason/Justification for amended text- Whe of how the proposed amendment is consisted					
REQUIR	ED SIGNATURES				
My signature on this document affirms that I understand and have complied with the provisions and regulations of the Town of Haverhill, Florida, Code of Ordinances. I further certify that all the information contained in this application and all documentation submitted herewith is true to the best of my knowledge and belief. Further, I understand that the application, attachments and review fees become part of the official records of the Town of Haverhill and are not returnable.					
Signature(s) of applicant(s)	Print Name	Date			
Signature of agent	Print Name	Date			
Signature of property owner(s) Required (If statement of authority is not attached)	Print Name	Date			