



Growth Management Department

205 North Madison Ave.

Lake City, Florida 32055

Tel: 386.719.5766

Request for Zoning Certificate

Date:	Name of Property Owner:
Name:	Parcel Number:
Telephone Number:	Property Address:
E-Mail Address:	Current Use:

Proposed Use:

Office Use Only

Zoning:	Approved by: _____ Jackie Bower, Community Development Administrator
Pending Applications: Re-Zoning _____ Special Exception _____ Site Plan Review _____ Variance _____ Annexation _____	Previously Approved Applications: Re-Zoning _____ Special Exception _____ Site Plan Review _____ Variance _____ Annexation _____

Code Section:

Other: