



## Application for Timeliness Analysis Suburban / Transitional Future Land Use Designations

Date: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Legal Description:

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

Alternate Key # \_\_\_\_\_ Sec. \_\_\_\_\_ Twn. \_\_\_\_\_ Rng. \_\_\_\_\_

Size of Parcel in Acres and Fractions thereof:

Uplands \_\_\_\_\_ Wetland \_\_\_\_\_ Open Water \_\_\_\_\_ Total \_\_\_\_\_

Future Land Use: Suburban \_\_\_\_\_ Transitional \_\_\_\_\_

<b>Results:</b>	
% of "existing developed": _____%	> 99.99 acres _____ < 99.99 acres _____
Roads _____	Commercial / Industrial _____ Lots 1 ac. Or smaller _____
Subdivisions 1du/ac or greater 50% built _____	Developed Parks _____ Other _____

Attach proof of Fee simple Title Holder(s) of the property.  
Attach a copy of the Recorded Deed & Property Record card.

OWNERS' AFFIDAVIT

STATE OF FLORIDA

COUNTY OF LAKE

BEFORE ME, the undersigned authority personally appeared \_\_\_\_\_,  
who being by me first duly sworn on oath, deposed of and says:

1. That he/she is the fee-simple owner of the property legally described in this application.
2. That they desire a Timeliness Analysis, for the property legally described in this Application.
3. That he/she has appointed \_\_\_\_\_ to act as Agent in his/her behalf to accomplish the above. The Owner is also required to complete the APPLICANT'S AFFIDAVIT of this Application if NO AGENT is appointed to act in his stead.

\_\_\_\_\_  
AFFIANT (OWNER'S SIGNATURE)

**STATE OF FLORIDA  
COUNTY OF LAKE**

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_ by \_\_\_\_\_, who is personally known to me or who  
had produced \_\_\_\_\_ as identification and who did \_\_\_\_ or did  
not \_\_ take an oath.

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Print or Type Notary Name

NOTE:

All Applications shall be signed by the Owner(s) of the Property, or some person duly authorized by the Owner to sign. The authority authorizing such person other than the Owner to sign MUST be attached.

APPLICANT'S AFFIDAVIT

STATE OF FLORIDA

COUNTY OF LAKE

BEFORE me the undersigned Authority Personally Appeared \_\_\_\_\_, who being by me first duly sworn on oath, deposes and says:

1. That he/she Affirms and Certifies that he/she understands and will comply with all Ordinances, Regulations, and Provisions of Lake County, Florida, and that all statements and diagrams submitted herewith are True and Accurate to the best of their knowledge and belief, and further, that this Application and Attachments shall become part of the Official Records of Lake County, Florida, and are Not Returnable.
2. That he/she desires a Timeliness Analysis for the property Legally Described in this Application.
3. That the submittal requirements for the Application have been completed and attached hereto as part of that Application.

\_\_\_\_\_  
Affiant (APPLICANT's SIGNATURE)

**STATE OF FLORIDA**  
**COUNTY OF LAKE**

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, who is personally known to me or who had produced \_\_\_\_\_ as identification who did \_\_\_ or did not \_\_\_ take an oath.

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Print or Type Notary Name