



Department of Growth Management

Zoning Clearance

Please submit a plot plan (to scale) and a property record card with this application

Date: _____ Alternate Key: _____

Owner's Name: _____ Phone _____

Owner's Mailing Address: _____ City: _____ St: _____ Zip: _____

Job Site Address: _____ City: _____ St: _____ Zip: _____

Legal Description: Section: _____ Township: _____ Range: _____

Subdivision: _____ Phase: _____ Lot: _____ Block: _____

Proposed development: _____

Existing structures on the site: _____

Residential development only: Est. Value Structure \$ _____ + Land \$ _____ = Combined Value \$ _____

Water supplier (or well) _____ Sewer provider (or septic tank) _____

Are there any trees on the property that will be required to be removed in association with this permit? _____

Are wetlands, water bodies, flood-prone areas, etc., on or adjacent to the property? _____

What type of road does the property front on? _____ Are there any Gopher Tortoises on the site? _____

To be completed by staff

Site Plan# _____ Address #: _____ Trees Required _____ Commissioner _____ Road _____ R&P _____

St Johns: _____ Yes _____ No Green Swamp ACSC _____ Yes _____ No Wekiva RP Area _____ Yes _____ No

Census Tract _____ Road# _____ Wetland Affidavit _____ Yes _____ No

Flood Map Page _____ 1st Floor _____ Yes _____ No Flood Permit#: _____ Lot Size _____

Zoning _____ Future Land Use Category _____ Meets ISR _____ Yes _____ No

Min S.F. _____ Lot grading: _____ Required _____ Exempt: Reason for exemption: _____

Setbacks: Front _____ 2nd Front _____ Sides _____ Rear _____

Have impact fees been prepaid or concurrency capacity reservation fees been paid for the property? _____

This application and plot plan have been reviewed for compliance with the Lake County Comprehensive Plan and Land Development Regulations.

Zoning permit approved by _____ Date _____ Expires 30 days after issue date.

Environmental Health Department use only: Staff: _____ Permit No.: _____

No. of Bedrooms: _____ Height above natural grade: _____ Date: _____

Comments: _____