



CITY OF ST. CLOUD

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FOR OFFICIAL USE ONLY

MEETING DATE: _____

MEETING TIME: _____

APPLICANT INFORMATION

Date:

Name: _____
Address: _____
Phone: _____
Email: _____

Business Name: _____
Business Address: _____

SUBJECT PROPERTY INFORMATION

Address: _____
Parcel ID#: _____
Existing Use: _____
Zoning District: _____

Property Owner : _____
Owner Address: _____

DESCRIPTION OF REQUEST (may be attached, separately)

PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE SO THAT STAFF CAN BE PREPARED TO ADDRESS YOUR QUESTIONS.

Please include information regarding:

- Proposed use
- Proposed improvements to building and/or site

SUBMIT WITH THIS FORM

- Copy of survey or sketch of location/building
- Sketch of any proposed improvements
- Any other information that will help in review of the proposal

SUBMIT COMPLETED FORM AND DOCUMENTS TO:

Mail: St. Cloud Planning & Zoning Department, 1300 9th Street, Building A, 1st floor, St. Cloud, FL

34769 Email: Jesse.Anderson@stcloud.org

Fax: 407-957-7290

If you have any further questions, please contact Jesse Anderson, Senior Planner at 407-957-7203.