



City of Anna Maria

REZONING APPLICATION

Project Street Address: _____

Name of Applicant: _____

Phone Number: _____

**City of Anna Maria Building Department
10005 Gulf Drive, Anna Maria, Florida 34216**

(941) 708-6132



City of Anna Maria

REZONING APPLICATION

Application Information

1. Applicant.

Name, address and telephone number of applicant

2. Property Owner: If more than one, supply as supplement page.

Name, address and telephone number of property owner:

3. Authorized Agents. Name, address and telephone number of authorized agent representing the property owner:

4. Person to Receive Correspondence from the City of Anna Maria. Name, address and telephone number for correspondence from the City of Anna Maria to be sent (provide only one):

5. Project Information

Name of Project: _____

Platted Name: _____ Lot: _____ Block: _____

Street Address: _____

D.P. # (s): _____

Existing Zoning Designation: _____

Proposed Zoning Designation _____

Existing Use(s): _____

Flood Zone Designation: _____

Property dimension: _____

6. Signatures. Original signatures for the

Applicant's Signature: _____

Applicant's Name and Title: _____

Date of Signature: _____

STATE OF FLORIDA COUNTY OF _____ .

I certify under penalty of perjury that the factual statements contained in this application are true this ____ day of _____, 20____, by _____.

Notary Public:

My Commission Expires:

Personally Known _____ OR Produced Identification _____

Type of Identification Produced: _____