



SIGN WAIVER

LANDSCAPE WAIVER

OTHER WAIVER _____

APPLICANT: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

PROPERTY OWNER (If different from above): _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

▪ **Location of Special Exception Requested:** _____

▪ **Name of Business:** _____ **Current Use:** _____

▪ **Please explain nature, extent, scope and purpose of proposed use:**

Applicant Signature: _____ **Date:** _____

BELOW FOR COMMUNITY DEVELOPMENT USE ONLY

Waiver Fee: \$150.00 each Paid ____/____/____ **Received By:** _____

Planning & Zoning Board Meeting: ____/____/____ **Recommendation:** *Approve* *Deny*

Identify any conditions or stipulations recommended or basis for denial: _____

City Commission Meeting: ____/____/____ **Recommendation:** *Approve* *Deny*

Identify any conditions or stipulations recommended or basis for denial: _____

