Planning Department
6603 E. Hwy 22, Callaway, FL 32404
Phone (850) 871-4672 Fax (850) 871-2444
www.cityofcallaway.com

APPLICATION FOR REZONING

1. Applicant(s) Name:_____

   Applicant(s) Address: _____

   Applicant(s) Phone: _____Email:_____

   Date of Application: _____

2. Rezone from:_____ to:_____

3. Parcel ID #:_____

4. Legal Description of site to be rezoned:_____

   _____

5. Driving directions to site:_____

   _____

6. Name and address of property owner(s) according to most recent ad valorem tax records: (Year_____)_____

   _____

7. If applicant does not own the property, give name(s), address(s) and telephone number(s) of the owner(s). (Must attach statement of consent form): _____

   _____

   _____

8. Property address to be rezoned:

_____

(Address must be obtained from County prior to Planning Board Meeting)

9. Present Property Tax Classification: _____

10. Proposed Property Tax Classification: _____

11. Purpose of Rezoning: _____

_____

_____

12. Additional pertinent information: _____

_____

_____

Signature of Applicant(s): _____ Date: _____

_____ Date: _____

To be submitted with application:
Incomplete submittals will not be reviewed

a) 3 copies of the deed to the property.

b) 3 copies of a survey of the property.

c) A copy of the most recent Ad Valorem tax statement.

d) A check for $300. If the Zoning Application is submitted with a Petition for Annexation, the fee is $500 for both.

(Do Not Write Below This Line)

Planning Board Action Date _____		**City Commission Action Date** _____	
Restrictions or Special Conditions: _____			
Rezone:	**From** _____	**To** _____	
Received _____	**Fee Paid** _____		**Reviewed by** _____