

## City of Wildwood, Florida Development Services Department 100 N. Main St., Wildwood, FL 34785

Tel: 352.330.1334 Fax: 352.330.1338

www.wildwood-fl.gov

		Revised 4/2024
	Staff Use Only	
Case No.:		
Fee Paid:		
Receipt No.:		

Contact Information: Rez	oning Application	
Applicant Name:	Phone:	
Address:	E-mail:	
Owner Name:	Phone:	
	E-mail:	
Engineer Name:	Phone:	
Address:		
Property and Project Information: PROJECT NAME*:		
*A project name is required for all submissions. Please choose a unique r	name for your project.	
Property Address:		
	Proposed Use of Property:	
Current Zoning:	Proposed Zoning:	
Total acreage of project area:		
Required Submittal Items: All documents listed below ca *Rezoning Application Fee - \$575.  A.O Rezoning Application* Fee is waived if this Rezoning application is submitted concurrently	nn be submitted electronically in PDF format.  B.1 Signed & Sealed Boundary Survey	
with a Comprehensive Plan Amendment application.	B.2 Justification for Rezoning	
A.1 Property Card	B.3 Parcel Map showing requested zoning	
A.2 Current Deed	B.4 Traffic Impact Analysis	
A.3 Aerial Photo/Location Map**  A.4 Parcel Map showing current zoning**  A.5 Legal Description (Word format)		
A.6 Signed, Notarized Authorized Agent Form		
	m. Failure to provide adequate maps may delay the application process. Most maps are accessible S. Legal descriptions <b>MUST</b> be Microsoft Word format and must comprise the <b>ENTIRE</b> development.	
Please describe your request in detail:		
*	d when submitting the application package. <b>Note: All PDF files MUST be</b> e the above supporting documentation will delay processing of your application days of receipt of application package.	

Signature:	Print Name:	Date: