



Hover form fields for instructions.

Conditional Use Approval (CA) Petition

Petitioner Information

Name _____	Phone _____	Petitioner's relationship to property _____
Street address _____		
City _____	State _____	ZIP Code _____
Email _____		

Property Owner Information (if different from petitioner)

Name _____	Phone _____	
Street address _____		
City _____	State _____	ZIP Code _____
Email _____		

Property Information

Legal description _____	Current zoning _____
Requested conditional use _____	Code section citation _____

According to Section 250153 of the Coral Springs Land Development Code, a CONDITIONAL USE shall be granted only after a finding that the following requirements are met (including those specified in other areas of the code).

How does this proposed use NOT negatively impact adjacent residential areas?

How does this proposed use NOT negatively impact other existing or proposed uses?

How does this proposed use further the goals, objectives, and policies of the Coral Springs Comprehensive Plan?

How does this proposed use satisfy all other requirements provided within the Coral Springs Land Development Code relative to that conditional use?

APPLICATION IS NOT COMPLETE AND WILL NOT BE PROCESSED UNTIL THE FOLLOWING ARE PROVIDED AND DEEMED COMPLETE BY THE PLANNING DEPARTMENT:

- Site, landscape, and buffer plans of subject property for actual submission to Planning & Zoning Board, including CD containing digital copies of all documents in PDF file.
- Two (2) 11"x17" sets of site plan of subject property.
- Proposed hours of operation.
- Proposed use restrictions.
- Consent of owner(s), including proof of ownership.
- \$3,504.43 petition fee. Plus, recordation, property notification and legal advertising costs will be determined by the City Clerk upon filing.

This is to certify that I am the owner of the subject property described in the Conditional Use Petition. I have read this petition and the statements contained herein are true and correct to the best of my knowledge.

Owner signature/date

As owner, I authorize the following party to act as my agent in this matter.

Authorized agent name

Phone

Street address _____

City _____

State _____

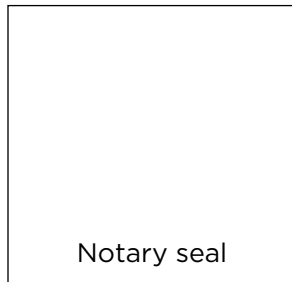
ZIP Code _____

Notary Public

The foregoing instrument was acknowledged before me on _____

by means of: physical presence online notarization took an oath did NOT take an oath

personally known produced identification ID type _____



Notary signature/date

My commission expires _____

To be completed by the Community Development Division

Accepted by

Petition number

Date Field