

**CITY OF PORT ST. JOE  
ZONING CHANGE APPLICATION**

Property Address: \_\_\_\_\_ Current : \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Zoning \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Proposed : \_\_\_\_\_  
Phone: \_\_\_\_\_ Zoning \_\_\_\_\_  
Applicant if different: \_\_\_\_\_  
Parcel Number: \_\_\_\_\_

\_\_\_\_\_  
Owners Signature

**Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ . Personally Known  
OR Produced Identification.  
Type Provided \_\_\_\_\_**

\_\_\_\_\_  
Signature of Notary Public

**PUBLIC NOTICE**

- 1. A sign will be posted for two weeks on the property seeking the zoning change and a notice will be published in the local newspaper.**

**APPLICATION REQUIREMENTS**

Application Fee - \$300.00

Legal Description of Property

Copy of Deed

Copy of the Survey

\_\_\_\_\_  
Owner Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_