

APPLICATION FOR DE-ANNEXATION

CITY OF PORT ST. JOE

Date of Application: _____

Name of Property Owner (s): _____

Physical Address of Property to be De-annexed: _____

Map Attached YES NO (Utilities to be shown)

AT TIME OF APPLICATION FOR DE-ANNEXATION

County Zoning of Property: _____

Corresponding City Zoning: _____

Proposed City Zoning District: _____

Present Use of Property: _____

Number of Living Units on Property: _____

Number of People Living on Property: _____

Intended Use of Property: _____

Signature of Property Owner or Authorized Agent

Mailing Address
