

Community Development

9500 West Sample Road | Coral Springs, FL 33065 coralsprings.gov/communitydevelopment Phone: (954) 344-1160 | Fax: (954) 344-1181 Monday-Thursday 8:00 a.m.-5:30 p.m. | Friday 8:00 a.m.-3:00 p.m.

Hover form fields for instructions.

Conditional Use Approval (CA) Petition

Petitioner Information		
Name	Phone	Petitioner's relationship to property
Street address		
		ZIP Code
Email		
Property Owner Information	tion (if different from petitio	oner)
Name	Phone	
Street address		
		ZIP Code
Email		
Property Information		
Legal description		Current zoning
Requested conditional use		Code section citation
		velopment Code, a CONDITIONAL USE shall be s are met (including those specified in other areas
How does this proposed us	e NOT negatively impact adjac	ent 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?
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.
- \$4,134.81 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 follow	ing party to act as my age	ent in this matter.
Authorized agent name	Phone	
Street address		
City	State	ZIP Code
Notary Public		
The foregoing instrument was a	acknowledged before me	e on
		○ took an oath ○ did NOT take an oat
○ personally known ○ produced	d identification ID type	÷
		Notary signature/date
	Notary seal	
	Notally Seal	My commission expires
To be completed by the Co	ommunity Developme	ent Division
	., = =p	
Accepted by	Petition r	number Date Field