

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

Name		hone		Petitioner's relationsh	nip to property
Stroot addross					
Street address					
City				ZIP Code	
Email					
Property Owner Informo	-	om petitione	r)		
Name		hone			
Street address					
City	State			ZIP Code	
Email					
Property Information					
Legal description			Currer	nt zoning	
Requested conditional use			Code	section citation	
According to Section 25015 granted only after a finding the code).			•		
How does this proposed us	se NOT negatively im	pact adjacent	residen	itial 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.
- \$4,008.42 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.

As owner, I authorize the following party to act as my agent in this matter. Authorized agent name Phone Street address			Owner signature/date
Authorized agent name Phone Street address	As owner, I authorize the follow	ring party to act as my age	ent in this matter.
Notary Public The foregoing instrument was acknowledged before me on by means of: Ophysical presenceOnline notarization Otook an oathOdid NOT take an oathOpersonally knownOproduced identification ID type Notary signature/date			
Notary Public The foregoing instrument was acknowledged before me on by means of: Ophysical presenceOnline notarization Otook an oathOdid NOT take an oathOpersonally knownOproduced identification ID type	Street address		
The foregoing instrument was acknowledged before me on by means of: Ophysical presenceOonline notarization Otook an oathOdid NOT take an oath Opersonally knownOproduced identification ID type Notary signature/date			
by means of: physical presence online notarization took an oath did NOT take an oath personally known produced identification ID type	Notary Public		
© personally known© produced identification ID type Notary signature/date	The foregoing instrument was	acknowledged before me	e on
Notary signature/date	by means of: Ophysical prese	ence online notarization	○ took an oath ○ did NOT take an oath
	○ personally known ○ produce	d identification ID type	e
			 Notary signature/date
		Notary seal	
	To be completed by the Co	ommunity Developme	ent Division
To be completed by the Community Development Division			
To be completed by the Community Development Division	Accepted by	Petition :	number Date Field